



Viral Hepatitis NBS User Guide

Viral Hepatitis Program	4
Organizational Chart	4
Monthly Calls	4
Important Terminology: Viral Hepatitis	5
Important Terminology: NBS	6
Internet Explorer Configurations for NBS	7
Entering Viral Hepatitis Investigations into NBS	9
Hepatitis A NBS Investigations	11
Hepatitis B NBS Investigations	12
Notes Regarding HBV Investigations	49
Hepatitis B Positive Pregnant Female NBS Investigations	50
Notes Regarding Hepatitis B Positive Pregnant Female Investigations	60
Perinatal Hepatitis B NBS Investigations	62
Hepatitis C NBS Investigations	63
Notes Regarding HCV Investigations	97
Hepatitis D and Hepatitis E NBS Investigations	99
Appendix A: CDC/CSTE Case Definitions and NBS Case Status Classification	100
2012 CDC/CSTE HCV Case Definitions: Hepatitis B, acute	101
2012 CDC/CSTE HCV Case Definitions: Hepatitis B, chronic	102
HBV Case Status Classification Box and Applications of Case Status for HBV	103
2016 CDC/CSTE Case Definitions: Hepatitis C (acute and chronic)	105
HCV Case Status Classification Box and Applications of Case Status for HCV	106
Hepatitis B Testing and Counseling	107
Hepatitis C Testing and Counseling	110
Appendix B: Standardized Statewide Tools	112
Case Report Form	113
Provider Records Request Letter	118
Provider Records Request Letter for HBV Positive Females of Reproductive Age	119
Letter for Contacts to Acute HBV or Acute HCV Cases	120
Public Health Authority Letter	121
VA Medical Record Request	122
PH-1600 Form	124

Accurant Record Search Request Form	125
Appendix C: Adding Providers/Organizations and NBS and Lab Translator	126
Data Entry: Adding Providers	127
Data Entry: Adding Organizations	129
Data Entry: Lab Translator for Entering a Laboratory Report	134
Appendix D: Viral Hepatitis Case Notifications Process	137
Appendix E: PH-1600 Reporting in REDCap Procedure	145

References

CDC: The ABCs of Hepatitis

<http://www.cdc.gov/hepatitis/Resources/Professionals/PDFs/ABCTable.pdf>

CDC: Interpretation of Hepatitis B Serologic Test Results

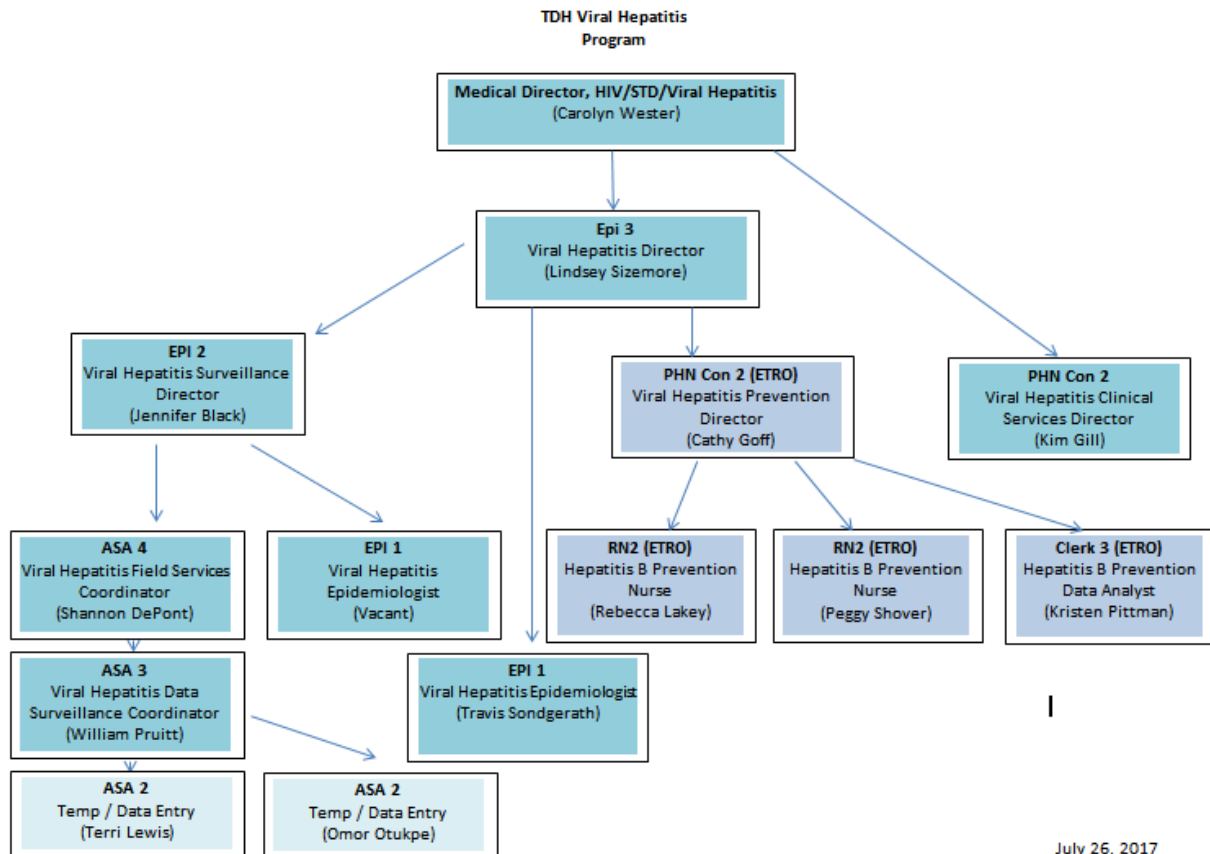
<http://www.cdc.gov/hepatitis/hbv/pdfs/serologicchartv8.pdf>

Hepatitis B Foundation: Additional Blood Tests

http://www.hepb.org/patients/additional_blood_tests.htm

Viral Hepatitis Program

Organizational Chart



Monthly Calls

The Viral Hepatitis Monthly Calls occur the 4th Thursday of every month from 8:00-9:00CST/9:00-10:00EST.

The Viral Hepatitis Case Navigator Calls immediately follow.

Important Terminology: Viral Hepatitis

Hepatitis B Virus (HBV): A double-stranded deoxyribonucleic acid (DNA) virus in the family Hepadnaviridae and genus *Orthohepadnavirus*. It is most commonly transmitted by sexual contact but can also be transmitted by contact with other body fluids. It is vaccine preventable.

Hepatitis C Virus (HCV): An enveloped, single-stranded ribonucleic acid (RNA) virus in the family Flaviviridae and genus *Hepacivirus*. It is a blood-borne pathogen and is not vaccine preventable.

Vertical Transmission (Perinatal Transmission): A pathogen transmitted from mother to baby in pregnancy or during childbirth.

Immunoglobulin M (IgM): The first antibody (Ab) particle produced by the immune system in response to an antigen (infection). Presence of IgM antibodies can signify a recently acquired infection.

Immunoglobulin G (IgG): An antibody (Ab) particle produced by the immune system in response to an antigen (infection). Presence of IgG antibodies can signify a past or present infection.

IgM antibody to hepatitis B core antigen (IgM anti-HBc): Positivity indicates recent infection with hepatitis B virus (≤ 6 months).

Hepatitis B Surface antigen (HBsAg): A protein on the surface of hepatitis B virus; it can be detected in high levels in serum during acute or chronic hepatitis B virus infection. The presence of HBsAg indicates that the person is infectious.

Hepatitis B e-antigen (HBeAg): A protein that is secreted by hepatitis B infected cells. It is associated with chronic hepatitis B infection and is used as a marker of active viral disease and a patient's degree of infectiousness.

Hepatitis B Surface antibody (anti-HBs): The presence of anti-HBs is generally interpreted as indicating recovery and immunity from hepatitis B virus infection, either naturally or through vaccination.

Total Hepatitis B core antibody (anti-HBc): The total anti-HBc appears at the onset of symptoms in acute hepatitis B and persists for life. It indicates previous or ongoing infection with hepatitis B virus in an undefined time frame.

Hepatitis B e antibody (anti-HBe): An antibody made in response to the B e-antigen and is detected in patients who have recovered from hepatitis B infection as well as those who are chronically infected.

Hepatitis C antibody (anti-HCV): The presence of antibodies to hepatitis C virus in the blood. It indicates previous or ongoing infection with hepatitis C virus.

Nucleic Acid Test (NAT)/Nucleic Acid Amplification Test (NAAT): A molecular technique that tests for the presence of a virus or bacterium by testing for the presence of viral DNA (for HBV)/viral RNA (for HCV). NAT testing can be quantitative or qualitative and includes polymerase chain reaction (PCR) and genotype tests. For example, in an NBS Hepatitis C investigation, if you receive a positive result for an RNA, PCR, or genotype test, you will mark 'positive' for HCV RNA result.

Window Period: The period of time after a person is infected with a communicable disease but before antibodies to the infection is detectable on testing. During the window period, a patient's antibody test will be negative despite the fact that the patient is infected.

Acute Viral Hepatitis: The early stage of viral infection of the liver caused by one of three different hepatitis viruses (A, B, or C). Signs and symptoms of early (or acute) viral hepatitis include yellowing of the skin or eyes (jaundice), abdominal pain, vomiting, nausea, diarrhea, malaise, grey-colored stools, or dark urine. For Hepatitis B and C, acute infection can lead to chronic infection.

Chronic Viral Hepatitis: A long-term illness that occurs when Hepatitis B or Hepatitis C remains in a person's body. Chronic hepatitis can last a lifetime and lead to serious liver problems, including cirrhosis (scarring of the liver) or liver cancer.

Sustained Virologic Response (SVR): With successful HCV treatment, the virus will become undetectable in the blood. Patients are considered cured of HCV when the virus remains undetectable in their blood for 12 weeks after the completion of their treatment, which is also known as a sustained virologic response.

Important Terminology: NBS

National Electronic Disease Surveillance System (NEDSS) Based System (NBS): a database that facilitates electronically transferring public health surveillance data to and from public health departments and CDC.

Event: A laboratory report (either paper or electronic) within NBS.

Condition: The disease (hepatitis C, acute; hepatitis C, chronic; hepatitis B, acute; hepatitis B, chronic; hepatitis B, perinatal; hepatitis B, pregnancy).

Case Status: The classification of the condition utilizing the CDC/CSTE hepatitis case definitions (confirmed, probable, not a case). Case status may evolve as new labs are received and should be updated, regardless of when the investigation was opened.

- Example: an existing HCV chronic, probable investigation from 2010 receives a positive RNA lab in 2016.
 - Associate the recently received lab with the existing investigation.
 - Update case status from 'probable' to 'confirmed'

NBS Investigation: Created within NBS to house information related to a condition.

Investigation Start Date: The date the investigation was opened. The investigation start date will always remain static.

- For example: you receive a positive HBsAg on a patient and you notice they have an existing positive HBsAg lab in NBS from 9/30/2011 and no investigation was created.
 - Open an investigation and investigation start date will auto-populate to today's date.
 - Associate both the new and old labs to this investigation.
 - The investigation start date, MMWR week, and MMWR year should not be modified to reflect the earlier lab.
 - If an investigation had been created previously, you would associate the new lab to the existing investigation and not modify the existing investigation start date, MMWR week, or MMWR year to reflect today's date.

Association: The process of linking all relevant events to investigations within NBS.

Field Investigation: An investigation conducted by regional staff to determine if a viral hepatitis infection is acute and/or if a woman of reproductive age is pregnant. This includes requesting records from a provider and/or interviewing the patient to fill out the case report form. Information obtained from a field investigation must be entered into the NBS investigation.

Reportable: The conditions that are required to be reported to the state health department.

Notifiable: The conditions that require CDC notification.

Woman of Reproductive Age: Any woman aged 11-50.

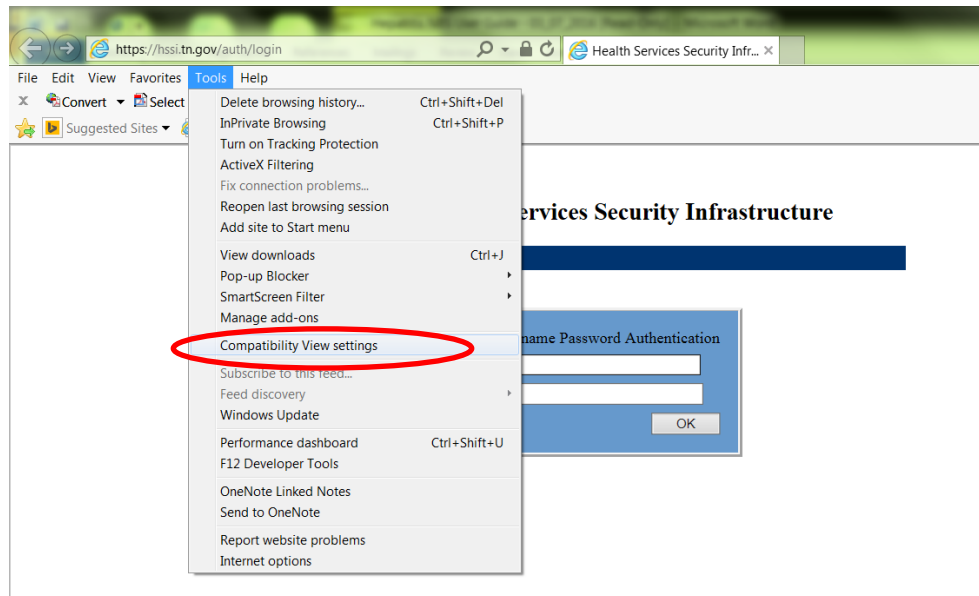
Orphan Laboratory Report: A laboratory report received via Electronic Laboratory Reporting (ELR) that is not associated with an investigation in NBS.

Lab Object: A laboratory report (either paper or electronic) entered within NBS. If verbal laboratory results are given, please make every effort (via lab or provider) to obtain a paper copy of these results and enter them into NBS (so they will count as a lab object). Case status should only be determined from lab objects and not from verbal results.

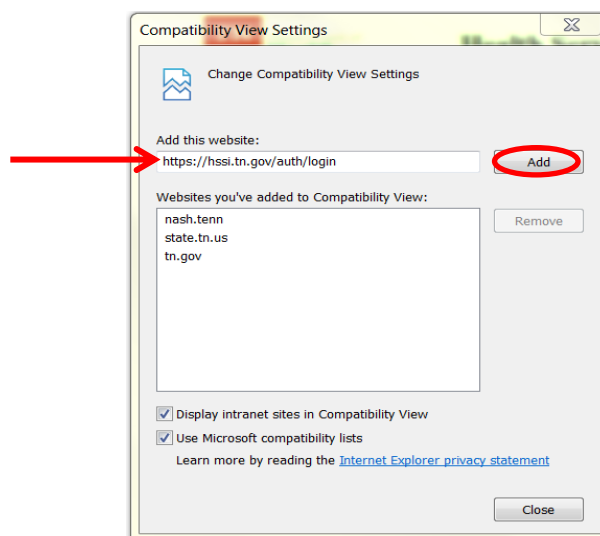
Internet Explorer Configurations for NBS

You will need to modify your Internet Explorer (IE) browser settings to work properly with NBS. Do NOT use any other browser other than IE when using NBS.

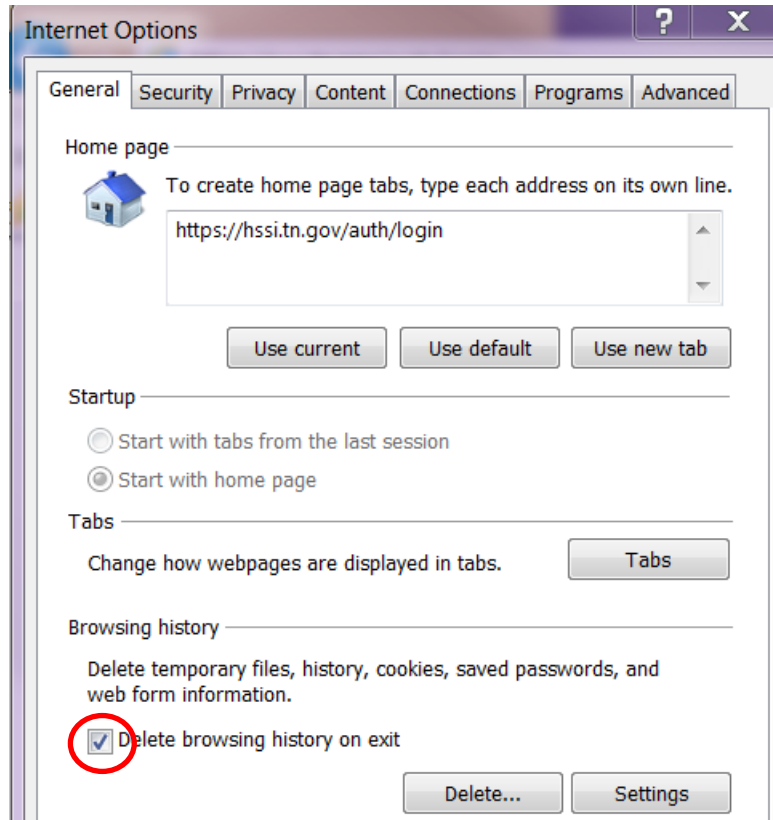
- Link to NBS: <https://hssi.tn.gov/auth/login>
- Internet Explorer Settings Required for NBS:
 - Click on Tools, Compatibility View settings



- Add web address: <https://hssi.tn.gov/auth/login>



- Click on the Gear, Go to Internet Options, and check Delete Browsing History on Exit



- If you have tried the incorrect password too many times, and the account has been locked, either wait 45 minutes for the account to unlock automatically or email CEDS.Informatics@tn.gov for assistance.

Please include your DC# and use 'NBS Password Reset' for the Subject of the email. The Surveillance Systems and Informatics Program will contact the Help Desk and the NBS System Administrator to process the request.

Entering Viral Hepatitis Investigations into NBS

This document contains examples of best practices related to management of acute and chronic viral hepatitis (VH) events and investigations. In Tennessee, acute HBV, acute HCV, and chronic HCV are reportable; acute HBV and acute HCV are laboratory and provider reportable while chronic HCV is only laboratory reportable.

Tennessee Provider Reportable Diseases, 2017:

https://apps.health.tn.gov/ReportableDiseases/Common/2017_List_For_Healthcare_Providers.pdf

Tennessee Laboratory Reportable Diseases, 2017:

https://apps.health.tn.gov/ReportableDiseases/Common/2017_List_For_Laboratories.pdf

All laboratories should be reporting to the Tennessee Department of Health; however, if a region finds a provider where laboratory reports are not being received consistently, please let Central Office VH staff know. Although laboratories are required to report positive viral hepatitis markers, they have no way to distinguish acute versus chronic infection. Additionally, laboratories are required to report negative hepatitis markers if one or more markers are positive (e.g. if the hepatitis B surface antigen result is positive, labs should report all tests performed for hepatitis A, hepatitis B, and hepatitis C). When lab reports are received, an NBS investigation should be created and any related lab reports (paper or ELR) should be associated with the investigation. This applies to positive and negative labs.

Example: An acute HBV case is reported with a positive HBsAg, a negative anti-HCV, and a negative HAV IgM. All three should be entered and associated with the acute HBV investigation. In this scenario, there should be no additional investigations created in NBS for HAV or HCV.

Although chronic HBV and HCV cases are not provider reportable in Tennessee, NBS serves as a registry for chronic hepatitis cases. All chronic HBV cases will be handled through the region that corresponds to the patient address information listed on the laboratory report. All chronic HCV cases will be handled through the central office and field staff will only be notified if a case is suspected to be acute. The region will be notified by a direct email from central office staff on a case by case basis.

All clinician reported cases of acute hepatitis must have a field investigation and an NBS investigation to determine if the case is acute hepatitis, chronic HCV hepatitis, or not a case. The Centers for Disease Control and Prevention (CDC)/Council of State and Territorial Epidemiologists (CSTE) HBV and HCV case definitions, HBV and HCV case classification boxes, and specific applications of case status can be found in Appendix A. Case status should only be determined from laboratory reports (lab objects) that have been entered (either manually or by ELR) into NBS and associated with an investigation.

Additionally, it is critically important to make every attempt to interview acute HBV and HCV cases diagnosed in jail or prison. It is best practice to call the medical staff at the facility to discuss the case with the nurse in charge and to set up a time to go and interview the patient.

The case report form, a letter requesting records from a provider, a letter requesting records from a provider pertaining only to HBV positive females of reproductive age (11-50), a letter of public health authority, a PH-1600 form, a letter for contacts to an acute HBV or HCV case, and the Accurint Record Search Request Form can be found in Appendix B. In an effort to develop and sustain streamlined statewide tools, only use these resources and contact central office surveillance staff should a problem arise. Additionally, these documents are available in Word on SharePoint at:

<https://tennessee.sharepoint.com/sites/health/CEDEP/HSVH/Documents/Forms/Default.aspx?id=%2Fsites%2Fhealth%2FCEDEP%2FHSVH%2FDocuments%2FViral%20Hepatitis%2FVH%20Surveillance>

To request a new NBS user, please go to the survey at this address: <https://is.gd/NBSUserRequest>

- a) Complete the form to request the user access level and program areas.
- b) Please ensure the two IT forms (20170111_ComputerAccessSecurityForm.pdf, 20170111_AcceptableUseForm.pdf) are attached. They may be downloaded, completed, and uploaded in the survey. The account cannot be set up without these two forms attached.
 - a. Choose 'General Communicable Disease' option for domains.
- c) The new user will receive an email with the account instructions and the NBS user guide.

For instructions on adding a provider, instructions on adding an organization (laboratory or medical facility), and the lab translator sheet for to assist with adding a laboratory report, refer to Appendix C. For detailed guidance on the Case Notifications process, refer to Appendix D.

For an overview of how HBV and HCV PH-1600's received via REDCap will be handled, please refer to Appendix E.

Hepatitis A NBS Investigations

All persons who are immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) positive should be entered into NBS. Due to the outbreak potential of hepatitis A (HAV), these reports should receive immediate follow-up. False positive IgM results are common and should be classified as 'not a case' in NBS.

For IgM anti-HAV positive persons with symptoms of an acute illness with discrete onset (e.g. fever, headache, malaise, anorexia, nausea, vomiting, diarrhea and abdominal pain with either jaundice or elevated liver enzymes), infection control measures should be implemented and the CEDEP Immunizations Program should be contacted immediately. To interrupt continued transmission, potential sources of infection and potentially exposed persons must be promptly identified and post-exposure prophylaxis must be given within 2 weeks of exposure.

For questions pertaining to HAV events or investigations, please contact either Robb Garman: Robb.Garman@tn.gov or Cassie Jones: Cassandra.Jones@tn.gov

Hepatitis B NBS Investigations

Acute HBV and perinatal HBV infections are reportable to the Health Department (HD).

In order to properly categorize cases of Hepatitis B infection, the public health regions should take the following steps upon receipt of all HBV lab reports, as well as clinical reports of suspected acute HBV:

1) Lab Management of HBV Lab Reports in NBS (performed by the Public Health Regions)

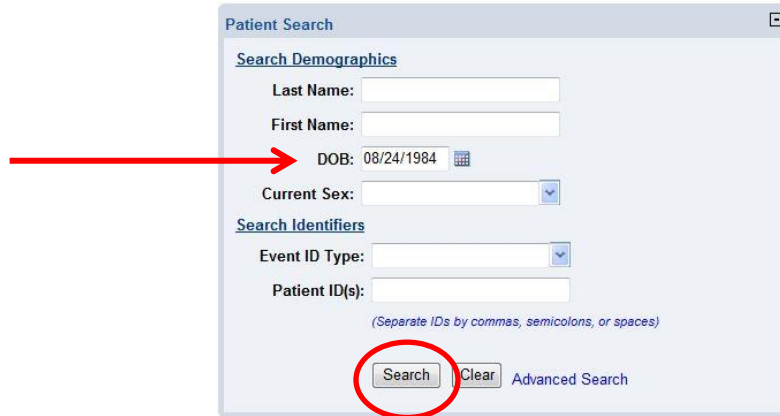
- **Electronic Laboratory Reports (ELR):**
 - All HBV laboratory reports are to be associated with a client/investigation and have a case status determined.
- **Manual/Paper Laboratory Reports:**
 - All pertinent paper laboratory reports (positive and negative) that support a case status determination need to be entered into NBS as a laboratory report and associated with the investigation.
 - **For best practices**, laboratory reports/results given over the phone should be supported by a paper laboratory report. If verbal laboratory results are given, please make every effort (via lab or provider) to obtain a paper copy of these results.

2) Field Investigations of HBV (performed by the Public Health Regions)

- All **suspected acute** HBV cases (based on clinician reporting or other risk factor or lab data received),
and/or
- All **women of reproductive age (11-50 years)** to rule out pregnancy (even if known to have chronic infection)
 - **Standardized Tools Aiding in Field Investigations of Suspected Acute (Appendix B):** Provider Requesting Records letter, HBV/HCV Case Report Form, a letter for contacts to an acute HBV case or acute HCV case, Accurint Record Search Request Form, and Public Health Authority letter (if necessary)
 - **Standardized Tools Aiding in Field Investigations of Women of Reproductive Age (Appendix B):** Provider Requesting Records letter (if no existing HBV investigation), Provider Requesting Records Verifying Pregnancy Status letter (if existing HBV investigation), HBV/HCV Case Report Form, Accurint Record Search Request, and Public Health Authority letter, if necessary

Note: Detailed instructions for HBV lab management, creating an NBS investigation, determining case status, and conducting field investigations are described below.

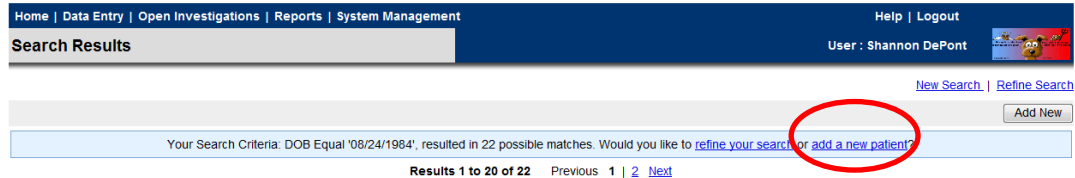
1. To avoid creating duplicate patient records in NBS, search for the patient by looking up their Date of Birth (DOB), followed by the first common letters of the name (to account for multiple spellings of names, ex: Steven or Stephen you would search for 'Ste'):
 - a. When searching, names entered with all capital letters appear first, followed by those entered with both capital and lower case letters, followed by those entirely in lower case.



The screenshot shows a 'Patient Search' window with two sections: 'Search Demographics' and 'Search Identifiers'. In the 'Search Demographics' section, the 'DOB' field is populated with '08/24/1984' and has a calendar icon. A red arrow points to this field. Below it is the 'Current Sex' dropdown menu. The 'Search Identifiers' section includes an 'Event ID Type' dropdown and a 'Patient ID(s)' text field with a note: '(Separate IDs by commas, semicolons, or spaces)'. At the bottom, there are three buttons: 'Search' (circled in red), 'Clear', and 'Advanced Search'.

- i. If the patient has more than one NBS profile and needs to be merged, please send an email to Shannon.Depont@tn.gov with 'Merge Patient' in the Subject line and, in the email, include your DC# and the PSN/Patient ID. Shannon will determine if the patient meets the merging criteria.
 1. If there is an error in the name for one of the patient records, please correct the name before requesting the merge.
 2. Do not send any additional information about the patients, such as patient name or date of birth. If this information is required, please contact Shannon De Pont via telephone at 615-532-8518.
 3. When the NBS System Administrator merges the patient records, only one of the PSN numbers will be preserved and available when searching. Make note of all of the PSN numbers for the next step.
 4. After the patient records are merged, you will need to make sure there are not duplicate lab reports or investigations. All of the lab reports and investigations for the merged patients will now be listed in a single patient record. Follow the steps for managing duplicate lab reports or investigations, and ensure the appropriate associations are made.
2. Before creating an investigation for an Electronic Laboratory Report (ELR), check NBS for the patient as you would when manually entering a paper laboratory report.

3. If the patient is not in NBS, add them and their laboratory report(s) into NBS:
 - a. Click 'add a new patient':



- i. Fill out any information appearing on the laboratory report.
- ii. Unless otherwise specified on the lab, mark the subsequent fields as follows:
 1. Information As of Date: Auto populates
 2. Comment: Skip/leave blank unless needed
 3. Is the patient deceased?: Unknown
 4. Marital Status: Unknown
 5. Full Address
 - a. County: Does not auto populate, please research via the following resources:
https://tools.usps.com/go/ZipLookupAction_input
 - b. Census Tract: Skip/leave blank
 6. Phone/email: (if known)
 7. Ethnicity: Unknown
 8. Race: Unknown
- iii. Do not enter information for type, assigning authority, or ID Value
- iv. Click Submit.

Home | Data Entry | Open Investigations | Reports | System Management Help | Logout

Add Patient - Basic User : Shannon DePont

Submit Cancel Add Extended Data

Basic Demographic Data
[Collapse Subsections](#)

General Information
 * Information As of Date: 11/30/2015
 Comments:

Name Information
 Last Name: Scott
 First Name: Michael
 Middle Name: Gary
 Suffix:

Other Personal Details
 DOB: 08/24/1984
 Current Age: 31 Years
 Current Sex: Male
 Is the patient deceased? Unknown
 Date of Death:
 Marital Status: Unknown

Address
 Street Address 1: 4321 Happy Apple Ln
 Street Address 2:
 City: Chattanooga
 State: Tennessee
 Zip: 37351
 Country: Hamilton County
 Country:

Telephone Information
 Telephone Information As Of Date: 10/22/2015
 Home Phone: 602-494-3447
 Work Phone: 615-770-6928
 Ext.:
 Cell Phone:
 Email:

Ethnicity and Race Information
 Ethnicity Information As Of Date: 10/22/2015
 Ethnicity: unknown
 Race Information As Of Date: 10/22/2015
 Race:
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other
☐ Refused to answer
☐ Not Asked
☒ Unknown

If the patient is in NBS, click on their Patient ID:

Search Results User : Lindsey Sizemore

[New Search](#) | [Refine Search](#)

Add New

Your Search Criteria: Last Name Contains 'sizemore', DOB Equal '08/24/1984', resulted in 1 possible matches. Would you like to [refine your search](#) or [add a new patient](#)?

Results 1 to 1 of 1

Patient ID	Name	Age/DOB/Sex	Address	Phone/Email	ID
2559032	Legal Sizemore, Lindsey A	31 Years 08/24/1984 Female	Home 1404 Cedardale Court Mount Juliet, Tennessee 37122 Home 710 James Robertson Parkway Nashville, Tennessee 37122	Home 602-494-3447 Work 615-770-6928	

Results 1 to 1 of 1

Add New

4. To add a lab, click on the events tab, then Add New next to Lab Reports:

Home | Data Entry | Open Investigations | Reports | System Management

Help | Logout

User: Shannon DePont

Patient File

Michael Gary Scott | Male | 08/24/1984 (31 Years) | Patient ID: 2559098

Summary | **Events** | Demographics

Go to: [Investigations](#) | [Lab Reports](#) | [Morbidity Reports](#) | [Vaccinations](#) | [Treatments](#) | [Documents](#) | [Contact Records](#)

Patient Events History

Investigations (0)	Lab Reports (0)	Morbidity Reports (0)	Vaccinations (0)	Treatments (0)	Documents (0)	Contact Records (0)
	Add New Back To Top	Add New Back To Top	Add New Back To Top	Back To Top	Back To Top	Back To Top

[Previous](#) [Next](#)

Summary | **Events** | Demographics

Print

- a. When entering a lab (in a new jurisdiction) for an existing investigation (in a different jurisdiction), refer to step 26 on page 42 for guidance on transferring jurisdiction.
 - i. Mark the laboratory fields as indicated below:
 1. Reporting Facility (if facility is not found, refer to appendix C for instruction on adding an organization)
 2. Ordering Facility: Only if listed on lab (if facility is not found, refer to appendix C for instruction on adding an organization)
 3. Ordering Provider (if provider is not found, refer to appendix C for instruction on adding a provider)
 4. Program Area: General Communicable Disease
 5. Jurisdiction (auto populates based on county you entered in the previous step)
 6. Lab Report Date: Use the lab's resulted/verified/completed/report date
 7. Date Received by Public Health: Date you received the lab
 8. Ordered Test
 - a. Refer to NBS Lab Translator sheet (Appendix C), fill in corresponding result, and click Select.
 9. Accession Number: If given
 10. Specimen Source: Serum, unless otherwise specified
 11. Specimen Site: Skip (leave blank)
 12. Date Specimen Collected: Collection Date
 13. Patient Status at Specimen Collection: Unknown, unless otherwise specified
 14. Pregnant:
 - a. Unknown: If patient is female and has unknown pregnancy status
 - b. Pregnant: If patient is female and status is known to be pregnant

- c. Skip: If patient is male
15. Resulted test:
 - a. Refer to NBS Lab Translator sheet (Appendix C)
 - b. Fill in corresponding result
 - c. Click Add Test Result
16. Click Submit

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Add Lab Report User: Shannon DePont

Patient ID: 2559098

Name: Michael Scott DOB: 08/24/1984 Current Sex: Male

[Patient](#)
[Report Information](#)

[Order Information](#) | [Test Result\(s\)](#) | [Administrative](#)

Order Information [Back to Top](#)

** Indicates a required field*

Facility and Provider Information

*** Reporting Facility:** Solstas Laboratory
4380 Federal Dr
Greensboro, North Carolina 27410
336-664-6100

Ordering Facility: There is no Ordering Facility selected.

☐ Same as Reporting Facility

Ordering Provider: EDWARD ABELL
514 OLIVER STREET
CHATTANOOGA, Tennessee 37405-9999
999-266-5292

*** Program Area:** General Communicable Disease

*** Jurisdiction:** Chattanooga/Hamilton County

- b. To edit a previously entered lab, click the events tab, and then date received. Click Edit

Patient File User : Shannon DePont

[Print](#)

Beth Greene | Female | 08/15/1995 (20 Years) **Patient ID: 2559077**

[Summary](#) | [Events](#) | [Demographics](#)

[Go to: Investigations](#) | [Lab Reports](#) | [Morbidity Reports](#) | [Vaccinations](#) | [Treatments](#) | [Documents](#) | [Contact Records](#) [Expand All](#) | [Collapse All](#)

Patient Events History

Investigations (2) [Add New](#) [Back To Top](#)

Start Date	Status	Condition	Case Status	Notification	Jurisdiction	Investigator	Investigation ID	Co-Infection ID
10/30/2015	Closed	Hepatitis B virus infection, Chronic	Probable		Mid-Cumberland Region		CAS11051028TN01	
10/30/2015	Closed	Hepatitis C Virus Infection, chronic or resolved	Probable		Mid-Cumberland Region		CAS11051029TN01	

Lab Reports (2) [Add New](#) [Back To Top](#)

Date Received	Provider/Reporting Facility	Date Collected	Test Results	Associated With	Program Area	Event ID
10/30/2015 2:01 PM	Reporting Facility: Pathgroup Ordering Provider: T. Michael Helton	10/29/2015	• Hepatitis B virus Surface Antigen (HBsAg): positive	CAS11051028TN01 Hepatitis B virus infection, Chronic	General Communicable Disease	OBS14718135TN01
10/30/2015 3:12 PM	Reporting Facility: Pathgroup Ordering Provider: T. Michael Helton	10/29/2015	• Hepatitis C virus (HCV), Antibody: positive	CAS11051029TN01 Hepatitis C Virus Infection, chronic or resolved	General Communicable Disease	OBS14718140TN01

[Return To File Events](#)

[Manage Associations](#) [Create Notifications](#) [Transfer Ownership](#) [Change Condition](#) [Edit](#) [Print](#)

- i. If you receive both qualitative and quantitative results, please enter both results. However, if you receive both a numerical result and a log result for the same lab on the same date, please enter only the numerical result.
 - ii. Click Submit
5. Prior to conducting your field investigation for newly reported HBV cases that are suspected of having acute HBV (clinician report, risk factors, associated labs), check to see if they have an existing HBV investigation by clicking on events:

[Home](#) | [Data Entry](#) | [Open Investigations](#) | [Reports](#) | [System Management](#) [Help](#) | [Logout](#)

Patient File User : Lindsey Sizemore

[Print](#)

Lindsey A Sizemore | Female | 08/24/1984 (31 Years) **Patient ID: 2559032**

[Summary](#) | [Events](#) | [Demographics](#)

Patient Summary [Expand All](#) | [Collapse All](#)

[Go to: Patient Summary](#) | [Open Investigations](#) | [Documents Requiring Review](#)

Address (Home) [Back To Top](#)

710 James Robertson Parkway
Nashville, Tennessee 37122
Davidson County

No Phone Info Available No ID Info Available Race: Multi Race
Ethnicity: unknown

Open Investigations (1) [Back To Top](#)

Start Date	Conditions	Case Status	Notification	Jurisdiction	Investigator	Investigation ID	Co-Infection ID
10/22/2015	Hepatitis B, acute			Mid-Cumberland Region		CAS11051019TN01	

Documents Requiring Review (1) [Back To Top](#)

Document Type	Date Received	Provider/Reporting Facility	Event Date	Description	Event ID
Lab Report	10/29/2015 12:36 PM	Reporting Facility: Pathgroup Ordering Provider: DR EDWARD WHITE	Date Collected: 10/26/2015	• Hepatitis C virus (HCV), Antibody: positive	OBS14718099TN01

[Previous](#) [Next](#)

[Summary](#) | [Events](#) | [Demographics](#)

- a. For those with an existing chronic HBV investigation:
 - i. Associate the lab with the chronic investigation even if the investigation has been closed and case status should be updated, if necessary. A second investigation should not be created unless:
 - 1. The patient is pregnant (refer to Hepatitis B Positive Pregnant Female section).
 - a. With pregnancy, the patient will have an acute and/or chronic investigation in addition to a pregnancy investigation for each pregnancy.
- b. For those with an existing acute HBV investigation:
 - i. If additional labs are received related to the acute hepatitis B condition, they should be associated with the existing hepatitis B acute investigation, even if the investigation has been closed, and case status should be updated, if necessary. A second investigation should not be created unless:
 - 1. A positive/reactive lab report is received for another viral hepatitis infection (HCV, HAV)
 - a. Create an investigation for the additional viral hepatitis infection, acute or chronic, as appropriate.
 - 2. A positive lab report is received with collection date greater than six months from the date of collection of the first specimen (in the existing HBV acute investigation)
 - a. Create an investigation for a chronic HBV investigation.
 - 3. The patient is pregnant (refer to Hepatitis B Positive Pregnant Female section).
 - a. With pregnancy, the patient will have an acute and/or chronic investigation in addition to a pregnancy investigation for each pregnancy.
- c. For those with existing acute and chronic HBV investigations:
 - i. Associate the lab with the chronic investigation even if the investigation has been closed and case status should be updated, if necessary. A second investigation should not be created unless:
 - 1. The patient is pregnant (refer to Hepatitis B Positive Pregnant Female section).
 - a. With pregnancy, the patient will have an acute and/or chronic investigation in addition to a pregnancy investigation for each pregnancy.

- d. For those with multiple existing acute or multiple existing chronic HBV investigations:
 - i. Refer to the earliest investigation and update the case status (if necessary), associate all HBV labs with this investigation, and change the case status for the repetitive HBV chronic investigations to 'not a case.'
 1. Example: if you have a chronic HBV investigation with an investigation start date of 6/17/2006 and another with an investigation start date of 9/30/2011, you will update the case status for the 6/17/2006 investigation (if necessary), associate all HBV labs to the 6/17/2006 investigation, and change the case status for the 9/30/2011 investigation to 'not a case.' This will ensure our case counts to CDC are correct.
 - a. Going forward, there should not be multiple chronic investigations created. In the past, this was the practice in some regions to account for pregnancy; however, we now have the Hepatitis B Positive Pregnant Female condition (refer to Hepatitis B Positive Pregnant Female section).

6. To create a HBV investigation, click Add New:

The screenshot shows a patient record for Lindsey A Sizemore, Female, born 08/24/1984 (31 Years). The Patient ID is 2559032. The interface includes tabs for Summary, Events, and Demographics. The 'Investigations' section is active, displaying a table with columns: Start Date, Status, Condition, Case Status, Notification, Jurisdiction, Investigator, Investigation ID, and Co-Infection ID. A red circle highlights the 'Add New' button in the top right corner of the 'Investigations' section. Below the table, there are sections for Lab Reports (2), Morbidity Reports (0), Vaccinations (0), Treatments (0), Documents (0), and Contact Records (0), each with an 'Add New' button. At the bottom, there are 'Previous' and 'Next' navigation links.

- a. For condition, select acute, HBV if you are preparing to do a field investigation. Otherwise, select chronic, hepatitis B and click SUBMIT.
 - i. In the prior NBS Hepatitis pages, you could only select "Hepatitis" as the condition and you would modify the diagnosis within the investigation to reflect "hepatitis B, acute" or "hepatitis B, chronic" prior to closing the investigation.
 - ii. "Hepatitis" is still an option for condition; however, we request that you choose the specific condition (hepatitis B, acute or hepatitis B, chronic) from the beginning.

- iii. The condition you choose from the beginning makes a difference in which extended tabs you will have access to.

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Select Condition User: Lindsey Sizemore

Submit Cancel

Please select a condition:

- Hepatitis B, acute
- Hepatitis C Virus Infection, chronic or resolved
- Hepatitis C, acute
- Hepatitis Delta co- or super-infection, acute
- Hepatitis E, acute

Submit Cancel

- iv. If the condition selected is acute, you are planning to conduct a field investigation, which includes sending out the provider requesting records letter (Appendix B).
 - v. Once the provider requesting records letter is received back, you can use this information to fill out the case report form (Appendix B). This will be used to populate the NBS tabs discussed below.
7. Under the Patient tab, data is pre-populated based on the information within the patient's NBS record (assuming the information was present in patient's record):
- a. **If you are aware that any of the patient's information has changed, update it within the investigation.** This will update the information within the NBS record to reflect the most current information. More importantly, it will keep both the past and present information in the record for historical context.
 - i. You should only update this information within the investigation under the Patient tab (see below). DO NOT update this information in the Demographics tab on the Patient home screen as this will impact the historical data within NBS.

Patient
Case Info
Hepatitis Core
Hepatitis Extended
Contact Tracing
Contact Records
Supplemental Info

Patient Information
Collapse Subsection
General Information

* Information As Of Date: 10/22/2015

Comments:

Name Information

Name Information As Of Date: 10/22/2015
First Name: Lindsey
Middle Name: A
Last Name: Sizemore
Suffix:

Other Personal Details

Other Personal Details As Of Date: 10/22/2015
Date of Birth: 08/24/1984
Reported Age: 31
Reported Age Units: Years
If patient is pediatric, what is the mother's name?:
Current Sex: Female
Mortality Information As Of Date: 10/22/2015
Country of Birth:
Is the patient deceased?: No
Deceased Date:
Marital Status As Of Date: 10/22/2015
Marital Status: Unknown

Reporting Address for Case Counting

Address Information As Of Date: 11/19/2015
Street Address 1: 710 James Robertson Parkway
Street Address 2:
City: Nashville
State: Tennessee
Zip: 37122
County: Davidson County
Country:

Telephone Information

Telephone Information As Of Date: 10/22/2015
Home Phone: 502-494-3447
Work Phone: 615-770-6928
Ext.:
Cell Phone:
Email:

Ethnicity and Race Information

Ethnicity Information As Of Date: 10/22/2015
Ethnicity: unknown
Race Information As Of Date: 10/22/2015
Race:
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other
☐ Refused to answer
☐ Not Asked
☒ Unknown

8. Under the Case Info tab, the Jurisdiction, Program Area, Investigation Start Date, Investigation Status, MMWR Week, MMWR Year, and Immediate National Notifiable Condition are pre-populated based on the information within the patient's NBS record (assuming the information was present in patient's record) and are based on the date you open the investigation:
- a. You will fill out the following information for surveillance purposes:
 - i. Date of Interview (if patient was interviewed)
 - ii. Reason why patient was not interviewed (if patient was not interviewed)
 - iii. Investigator (Search for yourself or enter your quick code)
 - iv. Date Assigned to Investigation – use the date you were assigned the investigation
 - v. Reporting Source Type (the type of facility that reported the case), if known. If not known, leave blank.
 - vi. Is this case part of an outbreak?
 - 1. If yes, select the outbreak name (central office will assign an outbreak name if this occurs)
 - vii. Where was this disease acquired, if known? If not known, leave blank.
 - viii. Country of Usual Residence (if outside of the United States)
 - ix. Country of Exposure (if outside of the United States)
 - x. Detection Method
 - xi. Case Status – ‘suspect’ can be selected initially while waiting to receive the provider requesting records letter back; however, it must be changed to reflect the appropriate case status (Appendix A) prior to closing the investigation.
 - xii. General Comments – this is where you will put any additional information gathered from the field investigation that you feel are pertinent.
 - 1. For example, if a patient indicates they share body jewelry, you would indicate that here as it isn't captured elsewhere in the NBS investigation.

9. The Hepatitis Core tab appears within the investigation for all hepatitises.
- a. Central Office will interpret those items with unknown selected to mean the patient was lost to follow-up or refused to answer.
 - b. Central Office will interpret those items with nothing selected (blank) to mean the case is still being worked up and the field investigation is not complete.
 - c. You will fill out the following information for surveillance purposes:
 - i. Reason for Testing (check all that apply)
 - ii. Diagnosis Date – use the lab’s resulted/verified/completed/report date (same as the resulted date when the lab is entered)
 - iii. Is patient symptomatic? If yes, and if known:
 1. Illness Onset Date
 - iv. Was the patient jaundiced?
 - v. Was the patient hospitalized for this illness? If yes, and if known:
 1. Hospital’s information
 2. Admission Date
 3. Discharge Date
 - vi. Is the patient pregnant? If yes,
 1. Due Date
 2. A second, separate pregnancy investigation must be opened in NBS to denote the pregnancy (refer to Hepatitis B Positive Pregnant Female Section). The patient will have their original Hepatitis investigation(s) and their pregnancy investigation(s).
 - vii. Did the patient die from this illness? If yes, and if known:
 1. Date of Death
 - a. You must be certain the patient died from the hepatitis indicated as the investigation condition and not from another primary cause.
 - viii. Was the patient aware s/he had hepatitis prior to lab testing?
 - ix. Does the patient have a provider of care for hepatitis? If yes, and if known:
 1. Physician’s information
 - x. Does the patient have diabetes? If yes, and if known:
 1. Diabetes diagnosis date
 - a. If you only know the year, please denote the appropriate year and use 01/01 for the month and day, respectively.
 2. If patient has diabetes, select all that apply
 - xi. Fill in any lab results that pertain to the labs you have entered (or were imported via ELR) that will be associated with this investigation.
 1. While all positive paper laboratory reports need to be entered and associated, the only HBV antibody labs available in the Hepatitis Core tab are total anti-HBc and IgM anti-HBc.

2. For numeral xi section only, if there is information you do not know, you can leave the fields blank. You do not need to select Unknown, except for IgM anti-HBc result.

Go to: [Clinical Data](#) | [Diagnostic Tests](#) | [Hepatitis D Infection](#)

Hepatitis Core | Hepatitis Extended | Contact Tracing | Contact Records | Supplemental Info

[Collapse Sections](#)

☒ **Clinical Data** [Back to top](#)

[Collapse Subsections](#)

☒ Reason for Testing

Reason for Testing (check all that apply):

☐ Blood / Organ donor screening
☐ Evaluation of elevated liver enzymes
☐ Follow-up testing (prior viral hepatitis marker)
 Selected Values:

☒ **Clinical Data**

Diagnose Date: 10/22/2015
 Is patient symptomatic?: Yes
 Illness Onset Date:
 Illness End Date:
 Illness Duration:
 Illness Duration Units:
 Age at Onset:
 Age at Onset Units:
 Was the patient jaundiced?:
 Was the patient hospitalized for this illness?:
 Hospital: Search - OR - Quick Code Lookup
 Hospital Selected:
 Admission Date:
 Discharge Date:
 Total Duration of Stay in the Hospital (in days):
 Is the patient pregnant?: No
 Date of Birth:

Did the patient die from this illness?: No
 Date of Death:
 Was the patient aware she had hepatitis prior to lab testing?: Unknown
 Does the patient have a provider of care for hepatitis?: Unknown
 Physician: Search - OR - Quick Code Lookup
 Physician Selected:
 Does the patient have diabetes?:
 Diabetes (Diagnosis Date):
 (Use Ctrl to select more than one)
 If patient has diabetes, please select all that apply:
☐ Inject insulin
☐ Share a blood glucose monitor
☐ Share syringes or needles
 Selected Values:

☒ **Liver Enzyme Levels at Time of Diagnosis**

ALT [SGPT] Result:
 Specimen Collection Date (ALT):
 AST [SGOT] Result:
 Specimen Collection Date (AST):

☒ **LIFs**

Was prevention message provided to the patient?:
 If yes, date the message was provided:

[Back to top](#)

☒ **Diagnostic Tests**

[Collapse Subsections](#)

☒ **Diagnostic Test Results**

Specimen Collection Date (anti-HAV):
 total anti-HAV Result:
 Specimen Collection Date (IgM anti-HAV):
 IgM anti-HAV Result:

Specimen Collection Date (HBsAg):
 HBsAg Result:
 Specimen Collection Date (total anti-HBc):
 total anti-HBc Result:
 Specimen Collection Date (IgM anti-HBc):
 IgM anti-HBc Result:
 Specimen Collection Date (HEP B DNA/NAT):
 HEP B DNA/NAT Result:
 Specimen Collection Date (HBsAg):
 HBsAg Result:

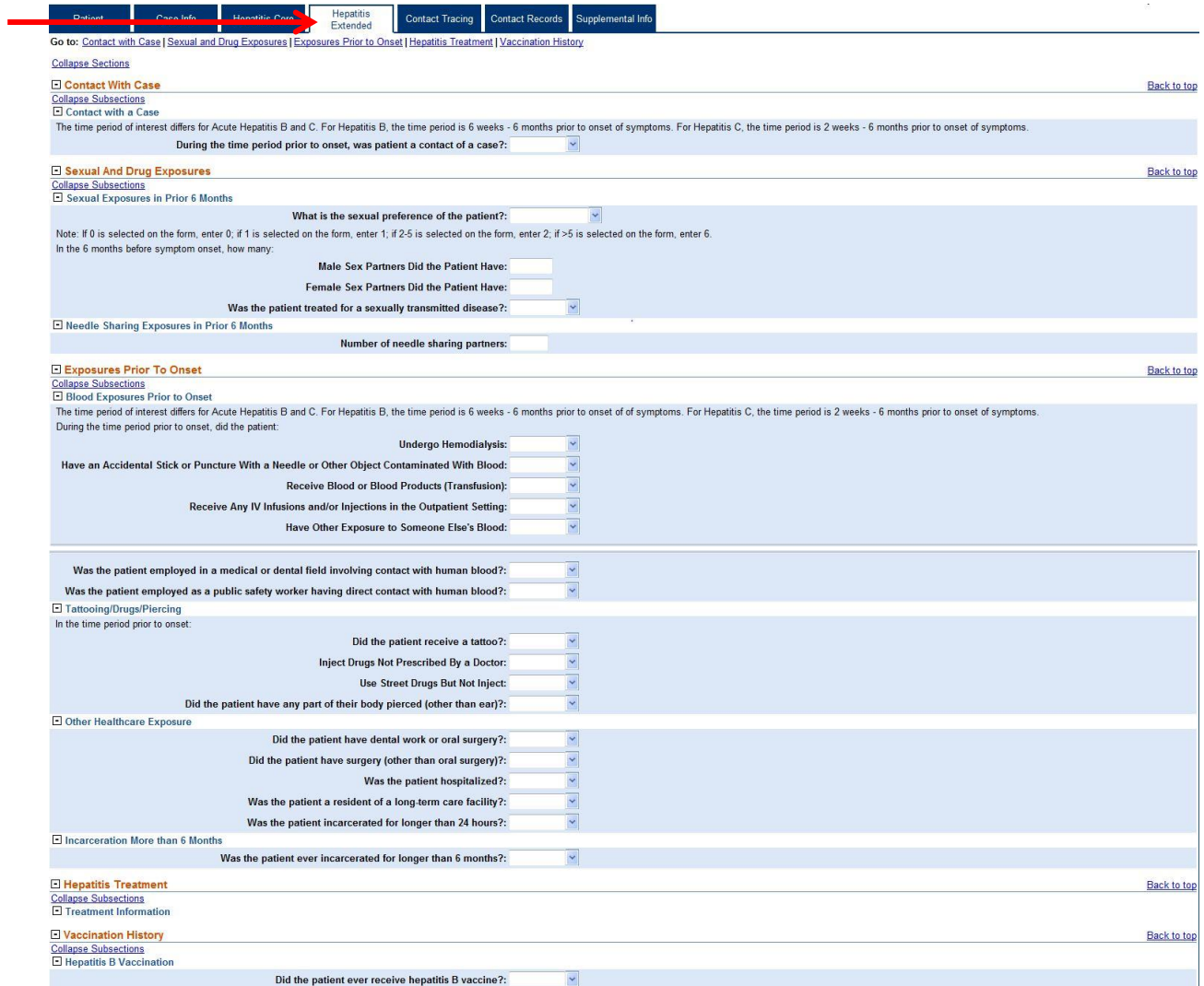
Specimen Collection Date (total anti-HCV):
 total anti-HCV Result:
 Supplemental anti-HCV Assay Result:
 Specimen Collection Date (HCV RNA):
 HCV RNA Result:
 Specimen collection Date (HCV Ag):
 HCV Ag Result:

Specimen Collection Date (total anti-HDV):
 anti-HDV Result:
 Specimen Collection Date (total anti-HEV):
 anti-HEV Result:

Did patient have a negative HBsAg test in the last 6 months prior to the current positive test?:
 If yes, date the test was performed:
 Did patient have a negative HCV antibody test in the last 6 months prior to current positive test?:
 If yes, date the test was performed:
 Did patient have a negative HCV antibody test in the last 12 months prior to current positive test?: No
 If yes, date the test was performed:

10. The Hepatitis Extended tab appears within the investigation and differs depending on what Hepatitis condition was selected when opening the investigation. All known fields in this tab must be filled out after conducting the “hepatitis B, acute” field investigation. If you determine after the field investigation that, based on the information you acquired, the patient meets the case definition for “hepatitis B, chronic” as opposed to “hepatitis B, acute”, refer to step 29 on page 46 for how to change the condition to “hepatitis B, chronic”.

- a. Contact with a Case asks if the patient was aware that they were a contact to a known case of HBV. If you select yes, NBS asks for the type of contact the patient had with that individual (sexual, needle, household, or other). If other is selected, please specify the type of contact in the text box.
 - i. In the Hepatitis Extended tab, some fields will not populate unless yes is selected. For example, if you select Yes for “Did the patient receive a tattoo?” another set of questions will appear asking where the tattooing was performed (check all that apply).



Go to: [Contact with Case](#) | [Sexual and Drug Exposures](#) | [Exposures Prior to Onset](#) | [Hepatitis Treatment](#) | [Vaccination History](#)

Contact With Case [Back to top](#)

☐ Contact with a Case

The time period of interest differs for Acute Hepatitis B and C. For Hepatitis B, the time period is 6 weeks - 6 months prior to onset of symptoms. For Hepatitis C, the time period is 2 weeks - 6 months prior to onset of symptoms.

During the time period prior to onset, was patient a contact of a case?:

Sexual And Drug Exposures [Back to top](#)

☐ Sexual Exposures in Prior 6 Months

What is the sexual preference of the patient?:

Note: If 0 is selected on the form, enter 0; if 1 is selected on the form, enter 1; if 2-5 is selected on the form, enter 2; if >5 is selected on the form, enter 6.

In the 6 months before symptom onset, how many:

Male Sex Partners Did the Patient Have:

Female Sex Partners Did the Patient Have:

Was the patient treated for a sexually transmitted disease?:

☐ Needle Sharing Exposures in Prior 6 Months

Number of needle sharing partners:

Exposures Prior To Onset [Back to top](#)

☐ Blood Exposures Prior to Onset

The time period of interest differs for Acute Hepatitis B and C. For Hepatitis B, the time period is 6 weeks - 6 months prior to onset of symptoms. For Hepatitis C, the time period is 2 weeks - 6 months prior to onset of symptoms.

During the time period prior to onset, did the patient:

Undergo Hemodialysis:

Have an Accidental Stick or Puncture With a Needle or Other Object Contaminated With Blood:

Receive Blood or Blood Products (Transfusion):

Receive Any IV Infusions and/or Injections in the Outpatient Setting:

Have Other Exposure to Someone Else's Blood:

Was the patient employed in a medical or dental field involving contact with human blood?:

Was the patient employed as a public safety worker having direct contact with human blood?:

☐ Tattooing/Drugs/Piercing

In the time period prior to onset:

Did the patient receive a tattoo?:

Inject Drugs Not Prescribed By a Doctor:

Use Street Drugs But Not Inject:

Did the patient have any part of their body pierced (other than ear)?:

☐ Other Healthcare Exposure

Did the patient have dental work or oral surgery?:

Did the patient have surgery (other than oral surgery)?:

Was the patient hospitalized?:

Was the patient a resident of a long term care facility?:

Was the patient incarcerated for longer than 24 hours?:

☐ Incarceration More than 6 Months

Was the patient ever incarcerated for longer than 6 months?:

Hepatitis Treatment [Back to top](#)

☐ Treatment Information

Vaccination History [Back to top](#)

☐ Hepatitis B Vaccination

Did the patient ever receive hepatitis B vaccine?:

- [Contact Tracing](#) | [Contact Records](#) | [Supplemental Info](#)
- ☒ **Contact Investigation**
[Collapse Subsections](#)
☐ Risk Assessment
- Contact Investigation Priority:
 Infectious Period From:
 Infectious Period To:
- ☐ Administrative Information

[Previous](#) [Next](#)

12. Under the Contact Records tab, you must submit the investigation before you can add a contact.

Contact Records

Interviews

[Collapse Subsections](#)

Interview

The following interviews are associated with Lindsey A Sizemore's investigation:

Date of Interview	Interviewer	Interviewee	Role	Type	Location	Interview Status
Nothing found to display.						

Contact Records

[Collapse Subsections](#)

Contacts Named By Patient

The following contacts were named within Lindsey A Sizemore's investigation:

Date Named	Contact Record ID	Name	Priority	Disposition	Investigation ID
Nothing found to display.					

Patient Named By Contacts

The following contacts named Lindsey A Sizemore within their investigation and have been associated to Lindsey A Sizemore's investigation:

Date Named	Contact Record ID	Named By	Priority	Disposition	Investigation ID
Nothing found to display.					

[Previous](#) [Next](#)

Submit **Cancel**

13. Once you submit, select the contact records tab again. You will fill out the following information for surveillance purposes:

- Contacts Named by Patient: These are persons that the case you are investigating has named as contacts during their infectious period.
 - Add all named contacts.
- Patients Named by Contacts: These are persons that named the case you are investigating as a possible contact.
 - Prepopulates from the record(s) of these contacts. If you are adding a new investigation, this field will be blank. You do not need to do

Remember: Always protect the confidentiality of the index patient's identity when interviewing contacts.

Contact Records

[Collapse Subsections](#)

Contacts Named By Patient

The following contacts were named within Lindsey A Sizemore's investigation:

Date Named	Contact Record ID	Name	Priority	Disposition	Investigation ID
Nothing found to display.					

[Add New Contact Record](#)

Patient Named By Contacts

The following contacts named Lindsey A Sizemore within their investigation and have been associated to Lindsey A Sizemore's investigation:

Date Named	Contact Record ID	Named By	Priority	Disposition	Investigation ID
Nothing found to display.					

[Manage Contact Associations](#)

[Previous](#) [Next](#)

Manage Associations **Create Notifications** **Transfer Ownership** **Change Condition** **Edit** **Print**

14. To add a new contact record, select Add New Contact Record:

The screenshot shows a software interface with a top navigation bar containing tabs: Patient, Case Info, Hepatitis Core, Hepatitis Extended, Contact Tracing, Contact Records (selected), and Supplemental Info. Below the navigation bar, there are two expandable sections. The first section, 'Contact Records', is expanded and shows a table with columns: Date Named, Contact Record ID, Name, Priority, Disposition, and Investigation ID. Below the table, there is a button labeled 'Add New Contact Record' which is circled in red. The second section, 'Patient Named By Contacts', is also expanded and shows a similar table structure. At the bottom of the interface, there is a footer bar with icons for Manage Associations, Create Notifications, Transfer Ownership, and Change Condition, along with Edit and Print buttons.

15. To avoid creating duplicate patient records in NBS, search for the patient by looking up their Date of Birth (DOB), followed by the first common letters of the name (to account for multiple spellings of names, ex: Steven or Stephen you would search for 'Ste'):

- a. Names entered with all capital letters appear first, followed by those entered with both capital and lower case letters, followed by those entirely in lower case.

The screenshot shows a 'Contact Search' form. It has a title bar 'Contact Search' and two buttons: 'Search' and 'Cancel'. Below the title bar, there is a 'Search by:' section with two radio buttons: 'Demographics' (selected) and 'Event'. Below this, there are five input fields: 'Last Name:', 'First Name:', 'Date of Birth:', 'Current Sex:', and 'Patient ID:'. The 'Date of Birth' field has a calendar icon. At the bottom of the form, there are two buttons: 'Search' and 'Cancel'. The 'Search' button is circled in red.

16. If the patient does not exist in NBS (or if you are not sure it is the same person), select Add New and add any known demographic information.

Contact Search Results

[Add New](#) [Cancel](#)

Search Results

[New Search](#) | [Refine Search](#)

Your Search Criteria: *Last Name contains 'yellow', First Name contains 'mellow'* resulted in **0** possible matches.
Select an existing person below to add as a contact, or [Add New](#)

Name	Age/DOB/Sex	Address	Telephone	Conditions
Nothing found to display.				

[Add New](#) [Cancel](#)

Contact Search Results

[Add New](#) [Cancel](#)

Search Results

[New Search](#) | [Refine Search](#)

Your Search Criteria: *Last Name contains 'frog', First Name contains 'kermit'* resulted in **1** possible matches.
Select an existing person below to add as a contact, or [Add New](#)

	Name	Age/DOB/Sex	Address	Telephone	Conditions
✓	Legal Frog, Kermit	10/31/1980 Male	Home 720 James Robertson Nashville, Tennessee 37243		

[Add New](#) [Cancel](#)

17. If the patient is in NBS, select the green check mark next to their name
 - a. This will populate four additional tabs for the contact patient: Contact, Contact Record, Contact Follow Up, and Supplemental Info.

Contact Search Results

Add NewCancel

Search Results

[New Search](#) | [Refine Search](#)

Your Search Criteria: Last Name contains 'frog', First Name contains 'kermit' resulted in 1 possible matches.
Select an existing person below to add as a contact, or [Add New](#)

	Name	Age/DOB/Sex	Address	Telephone	Conditions
	Legal/ Frog.Kermit	10/31/1980 Male	Home 720 James Robertson Nashville, Tennessee 37243		

Add NewCancel

-

Contact

Contact Record

Contact Follow Up

Supplemental Info

[-] Patient Information

[Collapse Subsections](#)

[-] General Information

* Information As of Date: 01/19/2016

Comments:

[-] Name Information

First Name: Kermit

Middle Name:

Last Name: Frog

Suffix:

Alias/Nickname:

[-] Other Personal Details

Date of Birth: 10/31/1980

Reported Age: 35

Reported Age Units: Years

Current Sex: Male

Is the patient deceased?:

Deceased Date:

Marital Status:

Primary Occupation:

Birth Country:

Primary Language:

☐ Reporting Address for Case Counting

Street Address 1: 720 James Robertson

Street Address 2:

City: Nashville

State: Tennessee

Zip: 37243

County: Davidson County

Country: United States

☐ Telephone Information

Home Phone:

Work Phone:

Ext.:

Cell Phone:

Email:

☐ Ethnicity and Race Information

Ethnicity:

Reason Unknown:

Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other
☐ Refused to answer
☐ Not Asked
☒ Unknown

19. Under the Contact Record tab, fill out the following:

- a. Investigator (Search for yourself or enter your quick code)
- b. Disposition
- c. Date of Interview
- d. Reason why contact was not interviewed, if applicable
- e. Date Named (date contact was named by index patient)
- f. Relationship
- g. Exposure Type
 - i. If Other Needle Sharing type is selected, enter the type of needle sharing
- h. First Exposure Date, if known
- i. Last Exposure Date, if known
- j. General Comments – this is where you will put any additional information gathered from the field investigation that you feel are pertinent.

Contact | **Contact Record** | Contact Follow Up | Supplemental Info

Contact Record [Back to top](#)
[Collapse Subsections](#)

Contact Record Security

* Jurisdiction: Mid-Cumberland Region
Program Area: General Communicable Disease
* Shared Indicator: ☒

Administrative Information

Status: Open
Priority:
Group/Lot ID:
Investigator: Search - OR - Quick Code Lookup
Investigator Selected:
Date Assigned:
Disposition:
Disposition Date:
Date of interview:
Reason why contact was not interviewed:

Contact Information

* Date Named:
* Relationship:
Health Status:

Exposure Information

* Exposure Type:

Page 1 of 1

(Use Ctrl to select more than one)

If yes, select the type of needle sharing:

Diabetic related
IDU
Other type of needle sharing


Selected Values:

Other If yes, select the type of
needle sharing:

--

Did the contact consume any food or drink prepared by the case patient?:

Date of food preparation by case patient:



Details:

Exposure Site Type:

Downloaded from <http://www.sagepub.com> at NANYANG TECH UNIV LIBRARY on June 11, 2015

Exposure Site:


Search

- OR -


Quick Code Lookup

Exposure Site Selected:

First Exposure Date:



Last Exposure Date:



■ Contact Record Comments

General Comments:

20. Under the Contact Follow Up tab, fill out any of the information you know after conducting the interview:

[Contact](#) [Contact Record](#) **Contact Follow Up** [Supplemental Info](#)

☐ **Contact Follow Up** [Back to top](#)

[Collapse Subsections](#)

☐ **Sign and Symptoms**

Were there any signs/symptoms for this illness?:

Symptom Onset Date:

Signs & Symptoms Notes:

☐ **Risk Factors**

Were there any risk factors for this illness?:

Risk Factor Notes:

☐ **Testing and Evaluation**

Was testing/evaluation completed for this illness?:

Date of Testing and Evaluation:

Testing and Evaluation Findings:

☐ **Post Exposure Prophylaxis (PEP) and Vaccination**

PEP (For Hepatitis A Contacts)

Was hepatitis A vaccine (HAV) recommended to be given as PEP to this person?:

If yes, date of HAV administration:

If no, was immunoglobulin (IG) recommended to be given to this person?:

Date of IG administration:

Vaccination (For Hepatitis B and C Contacts)

Vaccinated for HBV?:

☐ **Education**

Was education provided to contact:

Reason education was not provided to contact:

[Previous](#) [Next](#)

21. Under the Supplemental Info tab, you are not required to enter any information; however, you can use this as a place to upload the HBV/HCV Case Report form or any other supporting documentation from your investigation.

Contact

Contact Record

Contact Follow Up

Supplemental Info

Go to: [Supplemental Information](#)

[Collapse Sections](#)

☐ **Supplemental Information**

[Collapse Subsections](#)

☐ **Attachments**

Date Added	Added By	File Name	Description
Nothing found to display.			

☐ **Notes**

Date Added	Added By	Note	Private
Nothing found to display.			

[Previous](#) [Next](#)

22. Once all tabs within the contact record have been filled out, click on the Contact Record tab, change the contact record status to closed, and click SUBMIT. This will save the contact record.

Kermit Frog | Male | 10/31/1980 (35 Years) **Patient ID: 2563038**
* Indicates a Required Field

Contact | **Contact Record** | Contact Follow Up | Supplemental Info

Go to: [Supplemental Information](#)

[Collapse Sections](#)

☐ **Supplemental Information**

[Collapse Subsections](#)

☐ **Attachments**

Date Added	Added By	File Name	Description
Nothing found to display.			

☐ **Notes**

Date Added	Added By	Note	Private
Nothing found to display.			

[Previous](#) [Next](#)

Contact | **Contact Record** | Contact Follow Up | Supplemental Info

Submit **Cancel**

- Select close to close the contact record. This record is now listed under the original patient as a contact.
- To add additional contacts, follow the same steps as above.

View Contact Record

[Edit](#) [Print](#) [Close](#)

Contact Record has been successfully saved in the system.

Kermit Frog | Male | 10/31/1980 (35 Years) **Patient ID: 2563038**

Contact Record ID: CON10016003TN01	Created: 01/19/2016	By: Lindsey Sizemore
Condition: Hepatitis B, acute	Last Updated: 01/19/2016	By: Lindsey Sizemore
Investigator:	Status: Open	Disposition:

Lindsey A Sizemore | Female | 08/24/1984 (31 Years) **Patient ID: 2559032**

Investigation ID: CAS11051019TN01	Created: 10/22/2015	By: Shannon DePont
Investigation Status: Closed	Last Updated: 01/19/2016	By: Lindsey Sizemore
Investigator:	Case Status: Probable	Notification Status:

* Indicates a Required Field

Patient | **Case Info** | **Hepatitis Core** | **Hepatitis Extended** | **Contact Tracing** | **Contact Records** | Supplemental Info

☐ **Contact Records** [Back to top](#)

[Collapse Subsections](#)

[Collapse Sections](#)

The following contacts were named within Lindsey A Sizemore's investigation:

Date Named	Contact Record ID	Name	Priority	Disposition	Investigation ID
10/25/2015	CON10016003TN01	Frog, Kermit			

[Add New Contact Record](#)

23. To edit or add additional information within a contact record, click on the Contact Record ID, click Edit, update the contact record accordingly, and click Submit.

Lindsey A Sizemore Female 08/24/1984 (31 Years)		Patient ID: 2559032	
Investigation ID: CAS11051019TN01	Created: 10/22/2015	By: Shannon DePont	
Investigation Status: Closed	Last Updated: 01/19/2016	By: Lindsey Sizemore	
Investigator:	Case Status: Probable	Notification Status:	

* Indicates a Required Field

Patient Case Info Hepatitis Core Hepatitis Extended Contact Tracing **Contact Records** Supplemental Info

☐ Contact Records [Back to top](#)

[Collapse Subsections](#)

☐ Contacts Named By Patient

The following contacts were named by Lindsey A Sizemore's investigation:

Date Named	Contact Record ID	Name	Priority	Disposition	Investigation ID
10/25/2015	CON10016003TN01	Frog, Kermit			

[Add New Contact Record](#)

View Contact Record

[Edit](#) [Print](#) [Close](#)

Kermit Frog Male 10/31/1980 (35 Years)		Patient ID: 2563038
Contact Record ID: CON10016003TN01	Created: 01/19/2016	By: Lindsey Sizemore
Condition: Hepatitis B, acute	Last Updated: 01/19/2016	By: Lindsey Sizemore
Investigator:	Status: Open	Disposition:

24. If you need to change information within an investigation, you can go back into the investigation, click Edit, update the Investigation information accordingly, and click SUBMIT.
- a. Under the Supplemental Info tab, you are not required to enter any information; however, you can use this as a place to upload the HBV/HCV Case Report form or any other supporting documentation from your investigation.

Patient Case Info Hepatitis Core ~~Hepatitis Extended~~ ~~Contact Tracing~~ ~~Contact Records~~ Supplemental Info

Go to: [Associations](#) | [Notes and Attachments](#) | [History](#) | [Custom Fields](#)

[Collapse Sections](#)

25. Once the investigation has been submitted, click on Manage Associations to associate relevant HBV laboratory reports (paper or electronic) to the investigation and click SUBMIT.

[Previous](#) [Next](#)

Patient	Case Info	Hepatitis Core	Hepatitis Extended	Contact Tracing	Contact Records	Supplemental Info
---------	-----------	----------------	--------------------	-----------------	-----------------	-------------------

Manage Associations

Create Notifications

Transfer Ownership

Change Condition

Edit Print

Print **Submit** Cancel

Lindsey Sizemore | Female | 08/24/1984 (31 Years)

Investigation ID: CAS11051019TN01

Condition: Hepatitis B, acute

Case Status:

Associations
[Collapse Subsections](#)
☒ Lab Reports

	Date Received	Provider/Reporting Facility	Date Collected	Test Results	Program Area	Event ID
<input checked="" type="checkbox"/>	10/29/2015 12:00 AM	Reporting Facility: Pathgroup Ordering Provider: DR EDWARD WHITE	10/25/2015	<div style="border: 2px solid red; border-radius: 50%; padding: 5px;">• Hepatitis B virus Surface Antigen (HBsAg): positive</div>	General Communicable Disease	OBS14718089TN01
<input type="checkbox"/>	10/29/2015 12:00 AM	Reporting Facility: Pathgroup Ordering Provider: DR EDWARD WHITE	10/26/2015	• Hepatitis C virus (HCV), Antibody: positive	General Communicable Disease	OBS14718099TN01

[Add Lab Report](#)

26. Guidance for Transferring Jurisdiction

Out of Tennessee Procedure

Out of Tennessee Paper Laboratory Reports

- Does the patient have an existing non-perinatal Hepatitis B or Hepatitis C NBS investigation?
 - If Yes
 - Transfer jurisdiction to Out of Tennessee, denote the appropriate state (and patient address) where the information will need to be transferred to on laboratory report, and send laboratory report to central office:

**Tennessee Department of Health
Andrew Johnson Tower - HIV/STD/Viral Hepatitis Section – 4th Floor
Attention: Shannon De Pont
710 James Robertson Parkway
Nashville, TN 37243**

- If No
 - Send paper laboratory report to central office:

**Tennessee Department of Health
Andrew Johnson Tower - HIV/STD/Viral Hepatitis Section – 4th Floor
Attention: Shannon De Pont
710 James Robertson Parkway
Nashville, TN 37243**


Viral Hepatitis staff will coordinate with Surveillance Systems and Informatics Program (SSIP) to alert appropriate state.

Out of Tennessee Electronic Laboratory Reports (ELR)*

- Does the patient have an existing non-perinatal Hepatitis B or Hepatitis C NBS investigation?
 - If Yes
 - The investigation status needs to be marked as Open, which allows the investigation to show in the Open Investigations Queue.
 - Associate any relevant laboratory reports with this investigation (ELR and any existing paper laboratory reports).
 - Select 'Edit' in the investigation and update the demographic information in the 'Patient' tab to reflect the address for the other jurisdiction.
 - As a reminder, change the demographics within the investigation and NOT in the Demographics tab, as the demographics you enter in the investigation will transfer to the Demographics tab.
 - Select 'Transfer Ownership' and change the jurisdiction to Out of Tennessee.
 - The investigation will show in the Open Investigation Queue under the Out of Tennessee jurisdiction for the SSI program to send the investigation and associated labs on to the new state or territory. Once the investigation has been forwarded on, the SSI program will change the case status to Not a Case and the investigation status to Closed.

- An email needs to be sent notifying the SSI program about the transfer only if the investigation status has been changed to Closed, because the investigation will not show in the Open Investigations Queue. Then, email CEDS.Informatics@tn.gov with the Investigation ID (CAS#).
- If No
 - Select 'Edit' in the lab report.
 - Update the patient address in the lab report.
 - For manual labs, the demographic information may be updated in the Patient tab.
 - For electronic lab reports, the address will need to be added as Add Comment under Lab Report Comments toward the bottom of the lab report.

Lab Report Comments



- Select 'Transfer Ownership' and change the jurisdiction to Out of Tennessee
 - If the lab was NOT marked as reviewed, and you can still see the Mark as Reviewed button, the receiving Surveillance Systems and Informatics (SSI) Program at the Central Office will see the lab report in their 'Documents Requiring Review' work queue to be able to send the report to the new state or territory.
 - If the lab was marked as reviewed, notify Surveillance Systems and Informatics Program (SSIP) by emailing the Patient ID Number/PSN to CEDS.Informatics@tn.gov and they will alert the respective state.
 - Note: This is only required for Hepatitis B ELR. Hepatitis C ELR will continue to be marked as reviewed and Central Office Viral Hepatitis staff will coordinate with the Surveillance Systems and Informatics Program to address these.

In-State Procedure

In-State Paper Laboratory Reports

In-State Investigations must be transferred to the jurisdiction listed on the most recent laboratory report received.

- Does the patient have an existing non-perinatal Hepatitis B or Hepatitis C NBS investigation?
 - If Yes
 - Associate any relevant laboratory reports with this investigation (ELR and any existing paper laboratory reports)
 - Coordinate with the appropriate jurisdiction, using Patient ID, to:
 - Transfer the investigation

- Deliver paper laboratory reports not in NBS
- Update the address within the investigation to the new address, including the county
- If No
 - Open an investigation following Viral Hepatitis investigation protocol
 - Coordinate with the appropriate jurisdiction to:
 - Deliver paper laboratory reports not in NBS

In-State Electronic Laboratory Reports (ELR)*

- Does the patient have an existing non-perinatal Hepatitis B or Hepatitis C NBS investigation?
 - If Yes
 - Associate any relevant laboratory reports with this investigation (ELR and any existing paper laboratory reports)
 - Coordinate with the appropriate jurisdiction, using Patient ID, to:
 - Transfer the investigation
 - Update the address in the investigation to the new address, including the county
 - If No
 - Open an investigation following Viral Hepatitis investigation protocol

*Note: This is only required for Hepatitis B ELR. Hepatitis C ELR will continue to be marked as reviewed and Central Office Viral Hepatitis staff will coordinate with the Surveillance Systems and Informatics Program to address these.

The “ownership” of the investigation can be changed by clicking on Transfer Ownership at the top of the investigation and transferring the investigation to the correct jurisdiction.



27. Investigations must be closed within 30 days of the Investigation Start Date and a case status must be denoted.
- a. To close the investigation, click on the Case Info tab and change the Investigation Status to “Closed.”
 - b. To assign a case status per the CDC/CSTE case definition (Appendix A), click on the Case Info tab and select the appropriate case status.
 - i. During the 30 days while the case is being worked up, a case status of ‘Suspect’ is appropriate as a placeholder; however, **NO cases should be closed with a case status of ‘Suspect.’**
 1. Select the case status based on the information you have at 30 days.
 2. The case status can be changed later should you acquire additional information.

Patient Case Info Hepatitis Core Hepatitis Extended Contact Tracing Contact Records Supplemental Info

Go to: [Investigation Information](#) | [Reporting Information](#) | [Epidemiologic](#) | [General Comments](#)

[Collapse Sections](#)

☒ Investigation Information [Back to top](#)

[Collapse Subsections](#)

☒ Investigation Details

* Jurisdiction: Mid-Cumberland Region

* Program Area: General Communicable Disease

Investigation Start Date: 11/19/2015

* Investigation Status: Closed

* Shared Indicator: ☐

State Case ID:

Legacy Case ID:

☒ Investigator

Investigator: Search - OR -

Investigator Selected:

Date Assigned to Investigation:

Confirmation Date:

Case Status: Probable

MMWR Week: 42

MMWR Year: 2015

Immediate National Notifiable Condition: No

28. A notification must be sent for each condition. To do this, select Create Notifications and then select SUBMIT. Refer to Appendix D for more detailed guidance on the Case Notifications Procedure.

- a. You should do this when submitting when you are closing the investigation to signal to Central Office that you are ready for the case to be reviewed.
- b. Do NOT create a notification for investigations with an Out of Tennessee jurisdiction or those with a case status of 'Not a Case'.
- c. Any changes made to the investigation after the CDC notification has been sent will automatically be sent to CDC. There is no need to create another notification.
 - i. Any comments added in the notification comments will be transferred to CDC.

[Previous](#) [Next](#)

Patient	Case Info	Hepatitis Core	Hepatitis Extended	Contact Tracing	Contact Records	Supplemental Info
---------	-----------	----------------	--------------------	-----------------	-----------------	-------------------

☒ Manage
Associations

☐ Create
Notifications

☐ Transfer
Ownership

☐ Change
Condition

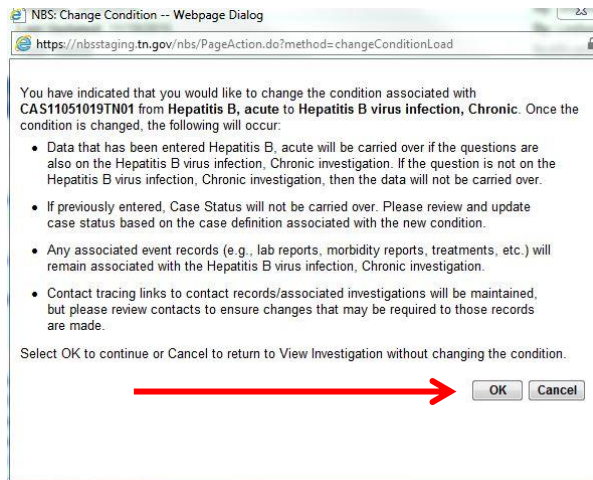
Create Notification: Notification Comments

Create Notification

*** Notification Comments:**

29. If after conducting the field investigation it is determined the patient was a case of “hepatitis B, chronic” instead of “hepatitis B, acute”, select Change Condition, select the correct Condition and SUBMIT.
- This patient would not be “hepatitis B, acute” with a case status of ‘Not a Case. They need to have their condition changed to “hepatitis B, chronic” with a case status of either ‘Confirmed’ or ‘Probable.’ It is critically important to change the condition and designate the appropriate case status for CDC reporting purposes.

- When changing conditions, you will get the following warning message. This is letting you know that the previous condition selected will not carry over, any events (laboratory reports) you associated will remain associated, and any contact tracing links will be maintained. Most importantly, however, it is letting you know that any information currently under the “hepatitis B, acute” extended tab that is not also in the “hepatitis B, chronic” extended will not transfer over. Select OK.



- c. The Hepatitis Extended tab will now be populated with the “hepatitis B, chronic” fields and the additional information will need to be filled out.

Lindsey A Sizemore | Female | 08/24/1984 (31 Years) Patient ID: 2559032

Investigation ID: CAS11051019TN01	Created: 10/22/2015	By: Shannon DePont
Investigation Status: Open	Last Updated: 11/19/2015	By: Lindsey Sizemore
Investigator:	Case Status:	Notification Status:

* Indicates a Required Field

Chronic Hepatitis Infection [Back to top](#)

[Collapse Subsections](#)

☒ Risk Factors

Did the patient receive clotting factor concentrates prior to 1987?:

Was the patient ever on long-term hemodialysis?:

Has the patient ever injected drugs not prescribed by a doctor?:

How many sex partners has the patient had?:

Was the patient ever incarcerated?:

Was the patient ever treated for a sexually transmitted disease?:

Was the patient ever a contact of a person who had hepatitis?:

☒ Risk Factors Continued

Patient ever employed in a medical or dental field involving direct contact with human blood?:

What is the birth country of the mother?:

Has the patient received medication for the type of hepatitis being reported?:

[Previous](#) [Next](#)

Navigation: Patient | Case Info | Hepatitis Core | **Hepatitis Extended** | Contact Tracing | Contact Records | Supplemental Info

Submit Cancel

- i. In a situation where you change the condition from acute to chronic, under the Case Info tab, select ‘Yes’ for the question ‘Was the patient assessed for acute disease and determined to not have acute disease?’

The screenshot shows a web application with a top navigation bar containing tabs: Patient, Case Info, Hepatitis Core, Hepatitis Extended, Contact Tracing, Contact Records, and Supplemental Info. A red arrow points to the 'Patient' tab. Below the navigation bar, there is a breadcrumb trail: 'Go to: Investigation Information | Reporting Information | Epidemiologic | General Comments'. On the left, there are expandable sections: 'Collapse Sections', 'Investigation Information', 'Collapse Subsections', and 'Investigation Details'. The main content area contains the following fields:

- * Jurisdiction: Mid-Cumberland Region
- * Program Area: General Communicable Disease
- Investigation Start Date: 10/22/2015
- * Investigation Status: Closed
- * Shared Indicator: ☐
- Date of interview:
- Reason why hepatitis patient was not interviewed:
- State Case ID:
- Legacy Case ID:
- PRISM ID:
- Was the patient assessed for acute disease and determined to not have acute disease?:

A red box highlights the last field: 'Was the patient assessed for acute disease and determined to not have acute disease?:'.

Notes Regarding HBV Investigations

With respect to HBV, patients should have no more than one investigation for an acute infection and one investigation for a chronic infection. Creating multiple investigations for acute or chronic HBV affects case count information reported to CDC.

HBV Electronic Laboratory Reports (ELR) MUST be associated with an existing investigation or an investigation must be created. Do NOT mark them as reviewed, as this creates orphan HBV laboratory reports.

If you receive an isolated positive IgM anti-HBc, anti-HBc, anti-HBs, or anti-HBe, please refer to the HBV antibody table in Appendix B for case classification instructions.

If you receive paper laboratory reports with more than one hepatitis test listed (i.e. a laboratory report with both HBV and HCV tests), please make a copy for yourself and mark out the HBV tests prior to sending the laboratory report to central office. Failure to do so may result in you receiving the HBV labs back, as central office administrative staff will not know the HBV labs have been entered.

If in doubt about whether or not to create an investigation or how to associate an ELR, please contact your Central Office Epidemiologist:

Lindsey Sizemore: lindsey.sizemore@tn.gov or 615-770-6928 (CHR, SER, SUL)

Jennifer Black: jennifer.black@tn.gov or 615-253-4782 (ETR, KKR, NER)

Travis Sondgerath: travis.sondgerath@tn.gov or 615-253-4452 (MCR, NDR, UCR)

Epidemiologist I - **TBD** (JMR, SCR, MSR, WTR)

If you need an Accurint search for a Hepatitis case, please fill out the form in Appendix B and send securely to Jennifer Black: jennifer.black@tn.gov

Hepatitis B Positive Pregnant Female NBS Investigations

All pregnant women must be serologically screened for hepatitis B virus (HBV) infection for every pregnancy. If a reproductive age woman has a marker of current infection (HBsAg, HBeAg, HBV DNA, IgM anti-HBc), regardless of HBV condition (acute, chronic) or case status (confirmed, probable), she should be field investigated for pregnancy status.

In order to properly categorize cases of Hepatitis B infection, the public health regions should take the following steps upon receipt of all HBV lab reports, as well as clinical reports of suspected acute HBV:

1) Lab Management of HBV Lab Reports in NBS (performed by the Public Health Regions)

- **Electronic Laboratory Reports (ELR):**
 - All HBV laboratory reports are to be associated with a client/investigation and have a case status determined.
- **Manual/Paper Laboratory Reports:**
 - All pertinent paper laboratory reports (positive and negative) that support a case status determination need to be entered into NBS as a laboratory report and associated with the investigation.
 - **For best practices**, laboratory reports/results given over the phone should be supported by a paper laboratory report. If verbal laboratory results are given, please make every effort (via lab or provider) to obtain a paper copy of these results.

2) Field Investigations of HBV (performed by the Public Health Regions)

- All **women of reproductive age (11-50 years)** to rule out pregnancy (even if known to have chronic infection)
 - **Standardized Tools Aiding in Field Investigations of Women of Reproductive Age (Appendix B):** Provider Requesting Records letter (if no existing HBV investigation), Provider Requesting Records Verifying Pregnancy Status letter (if existing HBV investigation), HBV/HCV Case Report Form, Accurint Record Search Request Form, a letter for contacts to an acute HBV or acute HCV case, and Public Health Authority letter, if necessary

Note: Detailed instructions for creating an NBS investigation, determining case status, and conducting field investigations are described below.

1. Be sure the patient's acute and/or chronic investigation(s) are in NBS (if not, refer to Hepatitis B NBS Investigations section).
 - a. After the appropriate HBV investigation has been identified or entered, navigate to the Events Tab, and click Add New:

Lindsey A Sizemore Female 08/24/1984 (31 Years)										Patient ID: 2559032	
Summary		Events		Demographics							
Go to: Investigations Lab Reports Morbidity Reports Vaccinations Treatments Documents Contact Records											
Patient Events History											
Investigations (3)											
<div>Add New</div>											
Start Date	Status	Condition	Case Status	Notification	Jurisdiction	Investigator	Investigation ID	Co-Infection ID			
10/22/2015	Closed	Hepatitis B, acute	Probable		Mid-Cumberland Region		CAS11051019TN01				
11/19/2015	Closed	Hepatitis C Virus Infection, chronic or resolved	Probable	APPROVED	Mid-Cumberland Region		CAS11051035TN01				
11/19/2015	Closed	Hepatitis C, acute	Probable		Mid-Cumberland Region		CAS11051036TN01				

2. For condition, select acute, hepatitis B Positive Pregnant Female and click Submit.

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Select Condition User: Lindsey Sizemore

Submit Cancel

Please select a condition:

Hepatitis B Positive Pregnant Female

Submit Cancel

3. Under the Patient tab, the following data is pre-populated based on the information within the patient's NBS record (assuming the information was present in patient's record):

- a. If you are aware that any of the patient's information has changed, update it within the investigation. This will update the information within the NBS record to reflect the most current information. More importantly, it will keep both the past and present information in the record for historical context.
- b. You should only update this information within the investigation under the Patient tab (see below). DO NOT update this information in the Demographics tab on the Patient home screen as this will impact the historical data within NBS.

Patient | Case Info | Hepatitis Core | Contact Tracing | Contact Records | Supplemental Info

Patient Information [Collapse Subsections](#) [Back to top](#)

☐ General Information

* Information As of Date: 01/19/2016

Comments:

☐ Name Information

First Name: Lindsey
Middle Name: A
Last Name: Sizemore
Suffix:

☐ Other Personal Details

Date of Birth: 08/24/1984
Reported Age: 31
Reported Age Units: Years
Current Sex: Female
Country of Birth:
Is the patient deceased?: No
Deceased Date:
Marital Status: Unknown

☐ Reporting Address for Case Counting

Street Address 1: 710 James Robertson Parkway
Street Address 2:
City: Nashville
State: Tennessee
Zip: 37122
County: Davidson County
Country: United States

☐ Telephone Information

Home Phone: 502-494-3447
Work Phone: 615-770-6928
Ext.:
Cell Phone:
Email:

☐ Ethnicity and Race Information

Ethnicity: Not Hispanic or Latino
Race:
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☒ White
☐ Other
☐ Refused to answer
☐ Not Asked
☒ Unknown

[Previous](#) [Next](#)

4. Under the Case Info tab, the Jurisdiction, Program Area, Investigation Start Date, Investigation Status, MMWR Week, and MMWR Year are pre-populated based on the information within the patient's NBS record (assuming the information was present in patient's record) and are founded on the date you open the investigation:
 - a. You will ONLY need to fill out the following information for surveillance purposes:
 - i. State Case ID – the REDCap number assigned by the Perinatal Hepatitis B Coordinator

- ii. Hepatitis B Acute Investigation ID and/or Hepatitis B Chronic Investigation ID
 1. This is the investigation ID number and starts with “CAS”
- iii. Investigator (Search for yourself or enter your quick code)
- iv. Date the Perinatal Hepatitis B Program was notified
- v. General Comments – this is where you will put any additional information gathered from the field investigation that you feel are pertinent.

Patient → **Case Info** | **Hepatitis Core** | **Contact Tracing** | **Contact Records** | **Supplemental Info**

Go to: [Investigation Information](#) | [Reporting Information](#) | [Epidemiologic](#) | [General Comments](#)

[Collapse Sections](#)

Investigation Information [Back to top](#)

[Collapse Subsections](#)

Investigation Details

* Jurisdiction: Mid-Cumberland Region

* Program Area: General Communicable Disease

Investigation Start Date: 01/19/2016

* Investigation Status: Open

* Shared Indicator: ☒

State Case ID:

Legacy Case ID:

Hepatitis B Acute Investigation ID:

Hepatitis B Chronic Investigation ID:

Investigator

Investigator: Search - OR - Quick Code Lookup

Investigator Selected:

Date Assigned to Investigation:

Date the Perinatal Hepatitis B Program was notified:

Reporting Information [Back to top](#)

[Collapse Subsections](#)

Key Report Dates

Date of Report:

Earliest Date Reported to County:

Earliest Date Reported to State:

Reporting Organization

Reporting Source Type:

Reporting Organization: Search - OR - Quick Code Lookup

Reporting Organization Selected:

Reporting Provider

Reporting Provider: Search - OR - Quick Code Lookup

Reporting Provider Selected:

Reporting County

Reporting County:

Epidemiologic [Back to top](#)

[Collapse Subsections](#)

Case Status

Transmission Mode:

Detection Method:

Confirmation Method:

(Use Ctrl to select more than one)

No information given

Occupational disease surveillance

Other

Provider certified

Selected Values:

Confirmation Date:

Case Status:

MMWR Week: 03

MMWR Year: 2016

General Comments [Back to top](#)

[Collapse Subsections](#)

General Comments

General Comments:

[Previous](#) [Next](#)

5. The Hepatitis Core tab appears within the investigation for all hepatitises.
 - a. You will need to fill out the following information for surveillance purposes (note: for unknown, select unknown from the drop down):
 - i. Reason for Testing (check all that apply), if known
 - ii. Is the patient pregnant? Enter YES (you would not have opened the investigation if she wasn't).
 1. Enter the Due Date and the number of living children (if known)
 - iii. Fill in any lab criteria that pertain to the most recent HBV lab if a HBV lab was not conducted as part of a pregnancy panel. If a lab was conducted as part of a pregnancy panel, refer to that lab.
 1. For the iii section only, if there is information you do not know, you can leave the fields blank. You do not need to select Unknown.
 - iv. Has the patient ever received a vaccination for Hepatitis B?
 1. If yes, how many doses of Hepatitis B vaccine did the patient receive?
 - v. Vaccine Dose Number (most recent vaccine of the series), if known
 - vi. Vaccine Administered Date (most recent vaccine of the series), if known

The screenshot shows the 'Hepatitis Core' tab in a clinical data system. The interface includes a navigation bar at the top with tabs for 'Patient', 'Clinical Data', 'Hepatitis Core', 'Contact Tracing', 'Contact Records', and 'Supplemental Info'. A red arrow points to the 'Clinical Data' tab. Below the navigation bar, there is a 'Go to: Clinical Data | Diagnostic Tests' link. The main form area is divided into sections: 'Reason for Testing (check all that apply)' with a dropdown menu for 'Blood / Organ donor screening', 'Evaluation of elevated liver enzymes', 'Follow-up testing (prior viral hepatitis marker)', and 'Other (specify)'. Below this is a 'Selected Values' section. The 'Clinical Data' section contains various fields: 'Diagnosis Date', 'Is patient symptomatic?', 'Illness Onset Date', 'Illness End Date', 'Illness Duration', 'Illness Duration Units', 'Age at Onset', 'Age at Onset Units', 'Was the patient jaundiced?', 'Was the patient hospitalized for this illness?', 'Hospital' (with a search bar and 'Quick Code Lookup' button), 'Hospital Selected', 'Admission Date', 'Discharge Date', 'Total Duration of Stay in the Hospital (in days)', 'Is the patient pregnant?', 'Due Date', and 'Number of living children'.

Did the patient die from this illness?:

Date of Death:

Was the patient aware s/he had hepatitis prior to lab testing?:

Does the patient have a provider of care for hepatitis?:

Physician: Search - OR - Quick Code Lookup

Physician Selected:

Does the patient have diabetes?:

Diabetes Diagnosis Date:

☐ Diagnostic Tests
Collapse Subsections
☐ Diagnostic Test Results

Specimen Collection Date (HBsAg):

HBsAg Result:

Specimen Collection Date (total anti-HBc):

total anti-HBc Result:

Specimen Collection Date (IgM anti-HBc):

IgM anti-HBc Result:

Specimen Collection Date (HEP B DNA/NAT):

HEP B DNA/NAT Result:

Specimen Collection Date (HBeAg):

HBeAg Result:

☐ Hepatitis containing vaccination

Has the patient ever received a vaccination for Hepatitis B?:

If yes, how many doses of Hepatitis B vaccine did the patient receive?:

☐ Vaccine doses received

Vaccine Dose Number	Vaccine Administered Date
No Data has been entered.	

Vaccine Dose Number:

Vaccine Administered Date:

Add

Previous Next

6. Under the Contact Tracing tab, you are not required to enter any information.

Lindsey A Sizemore | Female | 08/24/1984 (31 Years) Patient ID: 2559032

☐ Patient ☐ Case Info ☐ Hepatitis Core ☐ Contact Tracing ☐ Contact Records ☐ Supplemental Info

☐ Contact Investigation
Collapse Subsections
☐ Risk Assessment

Contact Investigation Priority:

Infectious Period From:

Infectious Period To:

☐ Administrative Information

Contact Investigation Status:

Contact Investigation Comments:

Previous Next

7. Under the Contact Records tab, you are not required to enter any information.

Patient ☐ Case Info ☐ Hepatitis Core ☐ Contact Tracing ☐ Contact Records ☐ Supplemental Info

☐ Interviews
Collapse Subsections
☐ Interview

The following interviews are associated with Lindsey A Sizemore's investigation:

Date of Interview	Interviewer	Interviewee	Role	Type	Location	Interview Status
Nothing found to display.						

☐ Contact Records
Collapse Subsections
☐ Contacts Named By Patient

The following contacts were named within Lindsey A Sizemore's investigation:

Date Named	Contact Record ID	Name	Priority	Disposition	Investigation ID
Nothing found to display.					

☐ Patient Named By Contacts

The following contacts named Lindsey A Sizemore within their investigation and have been associated to Lindsey A Sizemore's investigation:

Date Named	Contact Record ID	Named By	Priority	Disposition	Investigation ID
Nothing found to display.					

Previous Next

Patient Case Info Hepatitis Core Contact Tracing Contact Records Supplemental Info

Submit Cancel

8. Under the Supplemental Info tab, you are not required to enter any information; however, you can use this as a place to upload any supporting documentation from your investigation.

9. Once all tabs within the investigation have been filled out, click SUBMIT. This will save the investigation.

Lindsey A Sizemore | Female | 08/24/1984 (31 Years) Patient ID: 2559032

* Indicates a Required Field

Patient Case Info Hepatitis Core Contact Tracing Contact Records Supplemental Info

Go to: Associations | Notes and Attachments | History | Custom Fields

Collapse Sections

Associations Back to top

Notes And Attachments Back to top

Notes

Date Added Added By Note Private

Nothing found to display.

Attachments

Date Added Added By File Name Description

Nothing found to display.

History Back to top

Investigation History

Change Date User Jurisdiction Case Status Version

Nothing found to display.

Notification History

Status Change Date Date Sent Jurisdiction Case Status Status Type Recipient

Nothing found to display.

Previous Next

Submit Cancel

- a. If you need to change information within an investigation, you can go back into the investigation, click Edit, update the Investigation information accordingly, and click SUBMIT.

Manage Create Transfer Change Associations Notifications Ownership Condition

Investigation has been successfully saved in the system.

Lindsey A Sizemore | Female | 08/24/1984 (31 Years) Patient ID: 2559032

Investigation ID: CAS11051036TN01 Created: 11/19/2015 By: Lindsey Sizemore

Investigation Status: Open Last Updated: 11/20/2015 By: Lindsey Sizemore

Investigator: Case Status: Probable Notification Status:

* Indicates a Required Field

Patient Case Info Hepatitis Core Hepatitis Extended Contact Tracing Contact Records Supplemental Info

Go to: Investigation Information | Reporting Information | Epidemiologic | General Comments

10. Once the investigation has been submitted, click on Manage Associations to associate hepatitis B laboratory reports (paper or electronic) related to the current pregnancy to the investigation:

[Previous](#) [Next](#)

Patient	Case Info	Hepatitis Core	Hepatitis Extended	Contact Tracing	Contact Records	Supplemental Info
---------	-----------	----------------	--------------------	-----------------	-----------------	-------------------

Manage
Associations

Create
Notifications

Transfer
Ownership

Change
Condition

- a. Select the most recent HBV lab and click Submit.
 - i. The most recent lab will be associated with the HBV chronic investigation (or the acute investigation in the absence of a chronic investigation) AND the Hepatitis B Positive Pregnant Female investigation.

Lindsey Sizemore Female 08/24/1984 (31 Years)		Condition: Hepatitis B, acute		Case Status:	
Investigation ID: CAS11051019TN01					

Associations

[Collapse Subsections](#)

☒ Lab Reports

Date Received	Provider/Reporting Facility	Date Collected	Test Results	Program Area	Event ID
<input checked="" type="checkbox"/> 10/29/2015 12:00 AM	Reporting Facility: Pathgroup Ordering Provider: DR EDWARD WHITE	10/25/2015	<ul style="list-style-type: none"> Hepatitis B virus Surface Antigen (HBsAg): positive 	General Communicable Disease	OBS14718089TN01
<input type="checkbox"/> 10/29/2015 12:00 AM	Reporting Facility: Pathgroup Ordering Provider: DR EDWARD WHITE	10/26/2015	<ul style="list-style-type: none"> Hepatitis C virus (HCV), Antibody: positive 	General Communicable Disease	OBS14718089TN01

[Add Lab Report](#)

11. Investigations must be closed within 30 days of the Investigation Start Date and a case status must be denoted.
- To close the investigation, click on the Case Info tab and change the Investigation Status to “Closed.”
 - To assign a case status, click on the Case Info tab and select the appropriate case status.
 - The case status should be ‘confirmed’ for all Hepatitis B positive pregnant female investigations. (You wouldn’t have opened the investigation if they weren’t pregnant).
 - Click Submit

The screenshot shows the 'Case Info' tab selected in the top navigation bar. The 'Investigation Status' dropdown menu is set to 'Closed' and is highlighted with a red box. The 'Case Status' dropdown menu is set to 'Confirmed' and is also highlighted with a red box. The 'Investigation Start Date' is 11/19/2015. The 'Jurisdiction' is Mid-Cumberland Region and the 'Program Area' is General Communicable Disease. The 'Investigator' field is empty, and the 'Date Assigned to Investigation' is also empty. The 'Confirmation Method' is set to 'Active Surveillance'. The 'MMWR Week' is 02 and the 'MMWR Year' is 2016.

12. Please do NOT send a notification for this condition. To do this, select Create Notifications and then select SUBMIT. Refer to Appendix D for more detailed guidance on the Case Notifications Procedure.
- a. You should do this when you are closing the investigation to signal to Central Office that you are ready for the case to be reviewed.
 - i. Do NOT create a notification for investigations with an Out of Tennessee jurisdiction or those with a case status of 'Not a Case.'
 - b. Any changes made to the investigation after the CDC notification has been sent will automatically be sent to CDC. There is no need to create another notification.
 - i. Any comments added in the notification comments will be transferred to CDC.

Previous Next

Patient Case Info Hepatitis Core Hepatitis Extended Contact Tracing Contact Records Supplemental Info

Manage Associations Create Notifications Transfer Ownership Change Condition Edit Print

Create Notification: Notification Comments

Submit Cancel

Create Notification

* Notification Comments:

Submit Cancel

Notes Regarding Hepatitis B Positive Pregnant Female Investigations

With respect to HBV, patients should have no more than one investigation for an acute infection and one investigation for a chronic infection. Creating multiple investigations for acute or chronic affects case count information reported to CDC.

If a reproductive age woman has a marker of current infection (HBsAg, HBeAg, HBV DNA, IgM anti-HBc), regardless of HBV condition (acute, chronic) or case status (confirmed, probable), she should be field investigated for pregnancy status. Even if you receive a laboratory such as 'HBV DNA not detected', the patient should still be assessed for pregnancy.

Each pregnancy is a new event – Hepatitis B, Positive Pregnant Female. As a result, you must open a new investigation for each pregnancy with the condition 'Hepatitis B, Positive Pregnant Female.' Do not enter a second chronic investigation to denote pregnancy.

If a patient is investigated for pregnancy status and found not to be pregnant, please denote this in the general comments of the HBV investigation with the date the pregnancy investigation was conducted.

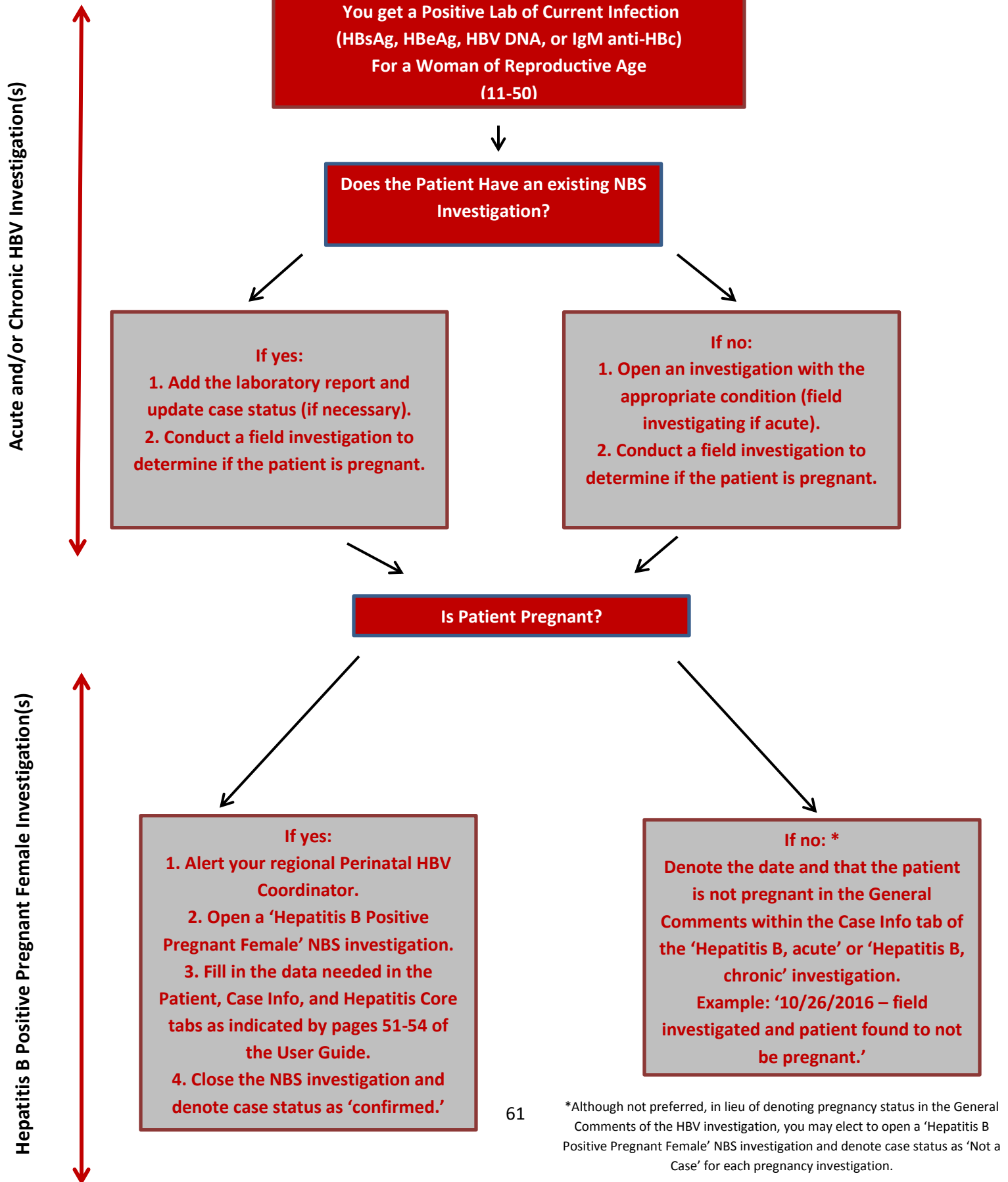
For example, a patient could have three pregnancy HBV investigations, denoting each of their three pregnancies, as well as an acute and/or chronic HBV investigation. There should only be one acute and/or one chronic investigation but there can be multiple HBV pregnancy investigations.

In the example below, there is one HBV acute investigation and one Hepatitis B Positive Pregnant Female Investigation. This tells us that the patient was diagnosed with HBV while in her acute stage and she hasn't had additional lab reports that were greater than six months from the collection date of the lab report associated with her acute HBV investigation. Additionally, this tells me she has been pregnant one time while being positive for HBV since the implementation of the Hepatitis B Positive Pregnant Female condition in 2016.

Lindsey A Sizemore Female 08/24/1984 (31 Years)										Patient ID: 2559032					
Summary		Events		Demographics											
Go to: Investigations Lab Reports Morbidity Reports Vaccinations Treatments Documents Contact Records															
Patient Events History															
Investigations (4)												Add New		Back To Top	
Start Date	Status	Condition	Case Status	Notification	Jurisdiction	Investigator	Investigation ID	Co-Infection ID							
01/19/2016	Open	Hepatitis B Positive Pregnant Female	Confirmed		Mid-Cumberland Region		CAS11055016TN01								
10/22/2015	Closed	Hepatitis B, acute	Probable		Mid-Cumberland Region		CAS11051019TN01								

If in doubt about whether or not to create an investigation or for any other questions regarding Hepatitis B Positive Pregnant Females, please contact Janice Johnson: M.Janice.Johnson@tn.gov or 615-253-1359.

Hepatitis B Positive Pregnant Female NBS and Field Investigations



Perinatal Hepatitis B NBS Investigations

Infants less than 24 months of age who were born in the United States to an HBV-positive mother or with laboratory evidence indicative of HBV infection are entered into NBS. Laboratory evidence of HBV infection in an infant consists of one or more of the following: positive HBsAg (only if at least 4 weeks after the last dose of HBV vaccine), positive HBeAg, and/or detectable HBV DNA.

The 2017 CDC/CSTE Case Definition can be found at: <https://wwwn.cdc.gov/nndss/conditions/hepatitis-b-perinatal-virus-infection/case-definition/2017/>

All infants born to HBV positive mothers are tracked in a separate (REDCap) database.

Please contact your Regional Perinatal HBV Coordinator or Janice Johnson at M.Janice.Johnson@tn.gov or 615-253-1359 with any questions you may have pertaining to perinatal HBV investigations.

Hepatitis C NBS Investigations

Acute HCV is reportable to the Health Department (HD).

In order to properly categorize cases of Hepatitis C infection, the HD and public health regions should take the following steps upon receipt of HCV lab reports, as well as clinical reports of suspected acute HCV:

1) Lab Management of HCV Lab Reports in NBS (performed by the Central Office)

- **Electronic Laboratory Reports (ELR):**
 - All HCV laboratory reports are to be associated with a client/investigation and have a case status determined.
- **Manual/Paper Laboratory Reports:**
 - All pertinent paper laboratory reports (positive and negative) that support a case status determination need to be entered into NBS as a laboratory report and associated with the investigation.

2) Field Investigations of HCV (performed by the Public Health Regions)

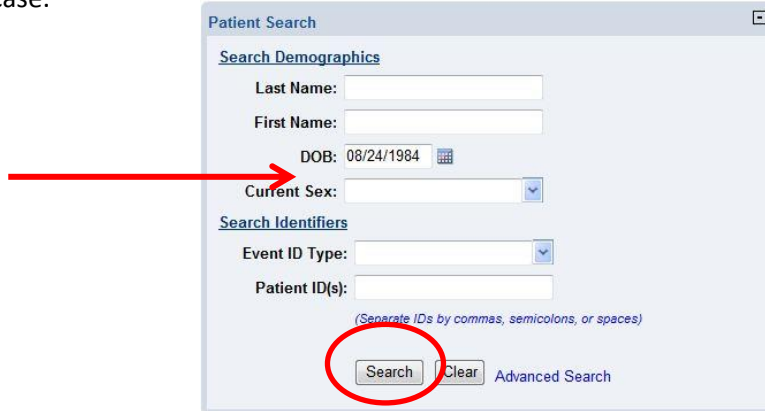
- All **suspected acute HCV** (clinician report, risk factors, associated labs) reported to regions will continue to be field investigated by the regions, regardless of the age of the patient.
 - **For best practices**, laboratory reports/results given over the phone should be supported by a paper laboratory report. If verbal laboratory results are given, please make every effort (via lab or provider) to obtain a paper copy of these results.
- All **other newly reported HCV cases** falling into groups at increased risk for acute HCV infection will be field investigated by Central Office.
 - Note: During the course of Central Office investigations (NBS or field), if any information suggests acute infection (elevated ALT, etc.), the investigation will be forwarded to the respective region for field investigation.
 - **Standardized Tools Aiding in Field Investigations of Suspected Acute (Appendix B):** Provider Requesting Records letter, HBV/HCV Case Report Form, a letter for contacts to an acute HBV or acute HCV case, Accurint Records Search Request Form, and Public Health Authority letter (if necessary)

Note: Detailed instructions for creating an NBS investigation, determining case status, and conducting field investigations for HCV are described below. For additional information pertaining to the provision of HCV testing in local health departments, you may access the HCV Testing Nursing Protocol, HCV Testing and Training Manual, Health Department Just-In Time Training, and the Specimen Collection and Transport Guidelines on SharePoint:

<https://tennessee.sharepoint.com/sites/health/CEDEP/HSVH/Documents/Forms/Default.aspx?id=%2Fsites%2Fhealth%2FCEDEP%2FHSVH%2FDocuments%2FViral%20Hepatitis%2FTesting>

1. To avoid creating duplicate patient records in NBS, search for the patient by looking up their Date of Birth (DOB), followed by the first common letters of the name (to account for multiple spellings of names, ex: Steven or Stephen you would search for 'Ste'):

- a. When searching, names entered with all capital letters appear first, followed by those entered with both capital and lower case letters, followed by those entirely in lower case.



- i. If the patient has more than one NBS profile and needs to be merged, please send an email to Shannon.Depont@tn.gov with 'Merge Patient' in the Subject line and, in the email, include your DC# and the PSN/Patient ID. Shannon will determine if the patient meets the merging criteria.
1. If there is an error in the name for one of the patient records, please correct the name before requesting the merge.
 2. Do not send any additional information about the patients, such as patient name or date of birth. If this information is required, please contact Shannon De Pont via telephone at 615-532-8518.
 3. When the NBS System Administrator merges the patient records, only one of the PSN numbers will be preserved and available when searching. Make note of all of the PSN numbers for the next step.

After the patient records are merged, you will need to make sure there are not duplicate lab reports or investigations. All of the lab reports and investigations for the merged patients will now be listed in a single patient record. Follow the steps for managing duplicate lab reports or investigations, and ensure the appropriate associations are made.

2. Before creating an investigation for an Electronic Laboratory Report (ELR), check NBS for the patient as you would when manually entering a paper laboratory report.

- a. If the patient is not in NBS, add them and their laboratory report(s) into NBS:
 - i. Click 'add a new patient':

Home | Data Entry | Open Investigations | Reports | System Management

Help | Logout

User: Shannon DePont

Search Results

New Search | Refine Search

Add New

Your Search Criteria: DOB Equal '08/24/1984', resulted in 22 possible matches. Would you like to [refine your search](#) or [add a new patient?](#)

Results 1 to 20 of 22 Previous 1 | 2 Next

- ii. NBS will direct you to fill in the Basic Demographic Data with any known patient data:
 1. Fill out any information appearing on the laboratory report.
 2. Unless otherwise specified on the lab, mark the subsequent fields as follows:
 - a. Information As of Date: Auto populates
 - b. Comment: Skip/leave blank unless needed
 - c. Is the patient deceased?: Unknown
 - d. Marital Status: Unknown
 - e. Full Address
 - i. County: Does not auto populate, please research via the following resource:
https://tools.usps.com/go/ZipLookupAction_input
 - ii. Census Tract: Skip/leave blank
 - f. Phone/email: (if known)
 - g. Ethnicity: Unknown
 - h. Race: Unknown
- iii. Do not enter information for type, assigning authority, or ID Value
- iv. Click Submit

Home | Data Entry | Open Investigations | Reports | System Management Help | Logout

Add Patient - Basic User: Shannon DePont

Submit Cancel Add Extended Data

Basic Demographic Data
[Collapse Subsections](#)
[General Information](#)

Information As of Date: 11/30/2015

Comments:

Name Information

Last Name: Scott
 First Name: Michael
 Middle Name: Gary
 Suffix:

Other Personal Details

DOB: 08/24/1984
 Current Age: 31 Years
 Current Sex: Male
 Is the patient deceased? Unknown
 Date of Death:
 Marital Status: Unknown

Address

Street Address 1: 4321 Happy Apple Ln
 Street Address 2:
 City: Chattanooga
 State: Tennessee
 Zip: 37351
 County: Hamilton County
 Country:

Telephone Information

Telephone Information As Of Date: 10/22/2015
 Home Phone: 502-494-3447
 Work Phone: 615-770-6928
 Ext.:
 Cell Phone:
 Email:

Ethnicity and Race Information

Ethnicity Information As Of Date: 10/22/2015
 Ethnicity: unknown
 Race Information As Of Date: 10/22/2015
 Race:
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other
☐ Refused to answer
☐ Not Asked
☒ Unknown

b. If the patient is in NBS, click on their Patient ID:

Search Results User: Lindsey Sizemore

[New Search](#) | [Refine Search](#)

Add New

Your Search Criteria: Last Name Contains 'sizemore', DOB Equal '08/24/1984', resulted in 1 possible matches. Would you like to [refine your search](#) or [add a new patient](#)?

Results 1 to 1 of 1

Patient ID	Name	Age/DOB/Sex	Address	Phone/Email	ID
2559032	Legal Sizemore, Lindsey A	31 Years 08/24/1984 Female	Home 1404 Cedardale Court Mount Juliet, Tennessee 37122 Home 710 James Robertson Parkway Nashville, Tennessee 37122	Home 502-494-3447 Work 615-770-6928	

Results 1 to 1 of 1

Add New

3. To add a lab, click on the events tab, then Add New next to Lab Reports:

The screenshot shows a web application interface for a patient file. At the top, there is a navigation bar with links: Home | Data Entry | Open Investigations | Reports | System Management. On the right, it says 'Help | Logout' and 'User: Shannon DePont'. Below this, the patient's name 'Michael Gary Scott | Male | 08/24/1984 (31 Years)' and 'Patient ID: 2559098' are displayed. The 'Events' tab is selected and highlighted with a red circle. Below the tabs, there is a section titled 'Patient Events History' with a list of event types: Investigations (0), Lab Reports (0), Morbidity Reports (0), Vaccinations (0), Treatments (0), Documents (0), and Contact Records (0). The 'Lab Reports (0)' row has an 'Add New' button highlighted with a red circle. Other buttons like 'Back To Top' and 'Previous Next' are also visible.

- a. When entering a lab (in a new jurisdiction) for an existing investigation (in a different jurisdiction), refer to step 13 on page 90 for guidance on transferring jurisdiction.
- i. Mark the laboratory fields as indicated below:
1. Reporting Facility (if facility is not found, refer to appendix C for instruction on adding an organization)
 2. Ordering Facility: Only if listed on lab (if facility is not found, refer to appendix C for instruction on adding an organization)
 3. Ordering Provider (if provider is not found, refer to appendix C for instruction on adding a provider)
 4. Program Area: General Communicable Disease
 5. Jurisdiction (auto populates based on county you entered in the previous step)
 6. Lab Report Date: Use the lab's resulted/verified/completed/report date
 7. Date Received by Public Health: Date you received the lab
 8. Ordered Test
 - a. Refer to NBS Lab Translator sheet (Appendix C), fill in corresponding result, and click Select.
 9. Accession Number: If given
 10. Specimen Source: Serum, unless otherwise specified
 11. Specimen Site: Skip (leave blank)
 12. Date Specimen Collected: Collection Date
 13. Patient Status at Specimen Collection: Unknown, unless otherwise specified
 14. Pregnant:

- a. Unknown: If patient is female and has unknown pregnancy status
 - b. Pregnant: If patient is female and status is known to be pregnant
 - c. Skip: If patient is male
15. Resulted test:
 - a. Refer to NBS Lab Translator sheet (Appendix C)
 - b. Fill in corresponding result
 - c. Click Add Test Result
16. Click Submit

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Add Lab Report User: Shannon DePont

Patient ID: 2559098

Submit Submit and Cancel Create Investigation

Name: Michael Scott DOB: 08/24/1984 Current Sex: Male

Patient Report Information

[Order Information](#) | [Test Result\(s\)](#) | [Administrative](#)

Order Information [Back to Top](#)

** Indicates a required field*

Facility and Provider Information

Search Clear solab Code Lookup

*** Reporting Facility:** Solstas Laboratory
4380 Federal Dr
Greensboro, North Carolina 27410
336-664-6100

Search Clear Code Lookup

Ordering Facility: There is no Ordering Facility selected.

☐ Same as Reporting Facility

Search Clear Code Lookup

Ordering Provider: EDWARD ABELL
514 OLIVER STREET
CHATTANOOGA, Tennessee 37405-9999
999-266-5292

*** Program Area:** General Communicable Disease

*** Jurisdiction:** Chattanooga/Hamilton County

- b. To edit a previously entered lab, click the events tab, and then the date received. Click Edit.

Patient File User : Shannon DePont

Print

Beth Greene | Female | 08/15/1995 (20 Years) Patient ID: 2559077

Summary **Events** Demographics

[Go to: Investigations](#) | [Lab Reports](#) | [Morbidity Reports](#) | [Vaccinations](#) | [Treatments](#) | [Documents](#) | [Contact Records](#) [Expand All](#) | [Collapse All](#)

Patient Events History

Investigations (2) [Add New](#) [Back To Top](#)

Start Date	Status	Condition	Case Status	Notification	Jurisdiction	Investigator	Investigation ID	Co-Infection ID
10/30/2015	Closed	Hepatitis B virus infection, Chronic	Probable		Mid-Cumberland Region		CAS11051028TN01	
10/30/2015	Closed	Hepatitis C Virus Infection, chronic or resolved	Probable		Mid-Cumberland Region		CAS11051029TN01	

Lab Reports (2) [Add New](#) [Back To Top](#)

Date Received	Provider/Reporting Facility	Date Collected	Test Results	Associated With	Program Area	Event ID
10/30/2015 2:01 PM	Reporting Facility: Pathgroup Ordering Provider: T. Michael Helton	10/29/2015	• Hepatitis B virus Surface Antigen (HBsAg): positive	CAS11051028TN01 Hepatitis B virus infection, Chronic	General Communicable Disease	OBS14718135TN01
10/30/2015 3:12 PM	Reporting Facility: Pathgroup Ordering Provider: T. Michael Helton	10/29/2015	• Hepatitis C virus (HCV), Antibody: positive	CAS11051029TN01 Hepatitis C Virus Infection, chronic or resolved	General Communicable Disease	OBS14718140TN01

[Return To File: Events](#)

Manage Associations Create Notifications Transfer Ownership Change Condition [Edit](#) [Print](#)

- i. If you receive both qualitative and quantitative results, please enter both results. However, if you receive both a numerical result and a log result for the same lab on the same date, please enter only the numerical result.
- ii. Click Submit.
- c. Prior to conducting your field investigation for newly reported HCV cases that are suspected of having acute HCV (clinician report, risk factors, associated labs), check to see if they have an existing HCV investigation by clicking on events:

[Home](#) | [Data Entry](#) | [Open Investigations](#) | [Reports](#) | [System Management](#) Help | Logout

Patient File User : Lindsey Sizemore

Print

Lindsey A Sizemore | Female | 08/24/1984 (31 Years) Patient ID: 2559032

Summary **Events** Demographics

[Expand All](#) | [Collapse All](#)

Patient Summary

[Go to: Patient Summary](#) | [Open Investigations](#) | [Documents Requiring Review](#)

Address (Home) [Back To Top](#)

710 James Robertson Parkway
Nashville, Tennessee 37122
Davidson County

No Phone Info Available No ID Info Available Race:
Multi Race
Ethnicity:
unknown

Open Investigations (1) [Back To Top](#)

Start Date	Conditions	Case Status	Notification	Jurisdiction	Investigator	Investigation ID	Co-Infection ID
10/22/2015	Hepatitis B, acute			Mid-Cumberland Region		CAS11051019TN01	

Documents Requiring Review (1) [Back To Top](#)

Document Type	Date Received	Provider/Reporting Facility	Event Date	Description	Event ID
Lab Report	10/29/2015 12:36 PM	Reporting Facility: Pathgroup Ordering Provider: DR EDWARD WHITE	Date Collected: 10/26/2015	• Hepatitis C virus (HCV), Antibody: positive	OBS14718099TN01

[Previous](#) [Next](#)

Summary **Events** Demographics

For steps 1-4 below, please refer to the flow chart on page 71 for proper assignment of case status.

1. For those with an existing chronic HCV investigation:
 - a. Send the lab(s) to central office, attention Shannon De Pont (refer to Notes Regarding HCV Investigations section for address information).
2. For those with an existing acute HCV investigation:
 - a. If additional labs are received related to the acute hepatitis C condition, they should be associated with the existing hepatitis C acute investigation, even if the investigation has been closed, and case status should be updated, if necessary. A second investigation should not be created unless:
 - i. A positive/reactive lab report is received for another viral hepatitis infection (HBV, HAV)
 1. Create an investigation for the additional viral hepatitis infection, acute or chronic, as appropriate.
 - ii. A positive lab report is received with collection date greater than 12 months from the date of collection (in the existing HCV acute investigation)
 1. Send the lab to central office, attention Shannon De Pont (refer to Notes Regarding HCV Investigations section for address information).
 - b. If there is documentation (either from the lab itself or from the physician follow-up) that the patient has been treated and achieved sustained virologic response and you receive additional positive HCV lab reports, create a new acute HCV investigation.
3. For those with existing acute and chronic HCV investigations:
 - a. Send the lab to central office, attention Shannon De Pont (refer to Notes Regarding HCV Investigations section for address information).
4. For those with multiple existing acute or multiple existing chronic HCV investigations:
 - a. Refer to the earliest investigation and update the case status (if necessary), associate all HCV labs with this investigation, and change the case status for the repetitive HCV chronic investigations to 'not a case.'

- i. For example, if you have a chronic HCV investigation with an investigation start date of 6/17/2006 and another with an investigation start date of 9/30/2011, you will update the case status for the 6/17/2006 investigation (if necessary), associate all HCV labs to the 6/17/2006 investigation, and change the case status for the 9/30/2011 investigation to 'not a case.' This will ensure our case counts to CDC are correct.

Acute HCV					12 Months After Onset of Acute HCV	Chronic HCV		
Case Status	Symptoms	Jaundice or ALT > 200 IU/L	HCV Ab(+)	NAT(+) or HCV Ag(+)	If receive additional lab results dated > 12 months of onset of acute HCV infection, open a chronic HCV investigation	Case Status	HCV Ab(+)	NAT(+) or HCV Ag(+)
Confirmed	✓	✓	(+/-)	✓	→	Confirmed	(+/-)	✓
						Probable		
Probable*	✓	✓	✓	X	→	Confirmed	(+/-)	✓
					→	Probable	✓	X

* If receive positive HCV NAT or positive HCV Ag results dated ≤ 12 months of onset of "acute HCV, probable", reclassify as "acute HCV, confirmed".

4. To create a HCV investigation, click Add New:

Lindsey A Sizemore | Female | 08/24/1984 (31 Years) Patient ID: 2559032

Summary Events Demographics

Go to: Investigations | Lab Reports | Morbidity Reports | Vaccinations | Treatments | Documents | Contact Records

Patient Events History

Investigations (1) [Add New](#) [Back To Top](#)

Start Date	Status	Condition	Case Status	Notification	Jurisdiction	Investigator	Investigation ID	Co-Infection ID
10/22/2015	Open	Hepatitis B, acute			Mid-Cumberland Region		CAS11051019TN01	

Lab Reports (2) [Add New](#) [Back To Top](#)

Date Received	Provider/Reporting Facility	Date Collected	Test Results	Associated With	Program Area	Event ID
10/29/2015 12:14 PM	Reporting Facility: Pathgroup Ordering Provider: DR EDWARD WHITE	10/25/2015	• Hepatitis B virus Surface Antigen (HBsAg): positive	CAS11051019TN01 Hepatitis B, acute	General Communicable Disease	OBS14718089TN01
10/29/2015 12:36 PM	Reporting Facility: Pathgroup Ordering Provider: DR EDWARD WHITE	10/26/2015	• Hepatitis C virus (HCV), Antibody: positive			OBS14718099TN01

Morbidity Reports (0) [Add New](#) [Back To Top](#)

Vaccinations (0) [Add New](#) [Back To Top](#)

Treatments (0) [Back To Top](#)

Documents (0) [Back To Top](#)

Contact Records (0) [Back To Top](#)

Previous Next

Summary Events Demographics

- a. For condition, select acute, hepatitis C if you are preparing to do a field investigation. Otherwise, send the lab to central office, attention Shannon De Pont (refer to Notes Regarding HCV Investigations section for additional information).

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Select Condition User: Lindsey Sizemore

Please select a condition:

- Hepatitis B, acute
- Hepatitis C Virus Infection, chronic or resolved
- Hepatitis C, acute
- Hepatitis Delta co- or super-infection, acute
- Hepatitis E, acute

Submit Cancel

- i. In the prior NBS Hepatitis pages, you could only select “Hepatitis” as the condition and would modify the diagnosis within the investigation to reflect “hepatitis C, acute” or “hepatitis C, past or present” (chronic) prior to closing the investigation.
 - ii. “Hepatitis” is still an option for condition; however, we request that you choose the specific condition (“hepatitis C, acute” or “hepatitis C, chronic”) from the beginning.
 - iii. The condition you choose from the beginning makes a difference in which extended tabs you will have access to.
 1. If the condition selected is acute, you are planning to conduct a field investigation, which includes sending out the provider requesting records letter (Appendix B).
 2. Once the provider requesting records letter is received back, you can use this information to fill out the case report form (Appendix B). This will be used to populate the NBS tabs discussed below.
5. Under the Patient tab, the following data is pre-populated based on the information within the patient’s NBS record (assuming the information was present in patient’s record):
- a. **If you are aware that any of the patient’s information has changed, update it within the investigation.** This will update the information within the NBS record to reflect the most

current information. More importantly, it will keep both the past and present information in the record for historical context.

- i. You should only update this information within the investigation under the Patient tab (see below). DO NOT update this information in the Demographics tab on the Patient home screen as this will impact the historical data within NBS.

The screenshot displays the NBS Patient Information form for Lindsey A Sizemore. The top navigation bar includes links for Home, Data Entry, Open Investigations, Reports, and System Management. The user is logged in as Lindsey Sizemore. The form is titled "Lindsey A Sizemore | Female | 08/24/1984 (31 Years)" and shows the Patient ID as 2559032. The 'Patient' tab is selected, and a red arrow points to it. The form is divided into several sections: Patient Information, Name Information, Other Personal Details, Reporting Address for Case Counting, Telephone Information, and Ethnicity and Race Information. The 'Patient Information' section includes a 'Comments' field. The 'Name Information' section includes fields for First Name, Middle Name, Last Name, and Suffix. The 'Other Personal Details' section includes fields for Date of Birth, Reported Age, Reported Age Units, Current Sex, Country of Birth, and Is the patient deceased?. The 'Reporting Address for Case Counting' section includes fields for Street Address 1, Street Address 2, City, State, Zip, County, and Country. The 'Telephone Information' section includes fields for Home Phone, Work Phone, Ext., Cell Phone, and Email. The 'Ethnicity and Race Information' section includes a dropdown for Ethnicity and a list of race options with checkboxes. The form has a 'Previous' and 'Next' button at the bottom.

Home | Data Entry | Open Investigations | Reports | System Management

Add Investigation: Hepatitis C, acute

Help | Logout

User : Lindsey Sizemore

Submit Cancel

Lindsey A Sizemore | Female | 08/24/1984 (31 Years)

Patient ID: 2559032

* Indicates a Required Field

Patient Case Info Hepatitis Core Hepatitis Extended Contact Tracing Contact Records Supplemental Info

Back to top

Expand Subsections

General Information

Information As of Date: 11/19/2015

Comments:

Name Information

First Name: Lindsey

Middle Name: A

Last Name: Sizemore

Suffix:

Other Personal Details

Date of Birth: 08/24/1984

Reported Age: 31

Reported Age Units: Years

Current Sex: Female

Country of Birth:

Is the patient deceased?: No

Deceased Date:

Reporting Address for Case Counting

Street Address 1: 710 James Robertson Parkway

Street Address 2:

City: Nashville

State: Tennessee

Zip: 37122

County: Davidson County

Country: United States

Telephone Information

Home Phone: 502-494-3447

Work Phone: 615-770-6928

Ext.:

Cell Phone:

Email:

Ethnicity and Race Information

Ethnicity: unknown

Race:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☒ White

☐ Other

☐ Refused to answer

☐ Not Asked

☒ Unknown

Previous Next

Patient Case Info Hepatitis Core Hepatitis Extended Contact Tracing Contact Records Supplemental Info

Submit Cancel

6. Under the Case Info tab, the Jurisdiction, Program Area, Investigation Start Date, Investigation Status, MMWR Week, MMWR Year, and Immediate National Notifiable Condition are pre-populated based on the information within the patient's NBS record (assuming the information was present in patient's record) and are based on the date you open the investigation:
- a. You will fill out the following information for surveillance purposes:
 - i. Date of Interview (if patient was interviewed)
 - ii. Reason why patient was not interviewed (if patient was not interviewed)
 - iii. Investigator (Search for yourself or enter your quick code)
 - iv. Date Assigned to Investigation – use the date you were assigned the investigation
 - v. Reporting Source Type (the type of facility that reported the case), if known. If not known, leave blank.
 - vi. Is this case part of an outbreak?
 - 1. If yes, select the outbreak name (central office will assign an outbreak name if this occurs)
 - vii. Where was this disease acquired, if known? If not known, leave blank.
 - viii. Country of Usual Residence (if outside of the United States)
 - ix. Country of Exposure (if outside of the United States)
 - x. Detection Method
 - xi. Case Status – ‘suspect’ can be selected initially while waiting to receive the provider requesting records letter back; however, it must be changed to reflect the appropriate case status (Appendix A) prior to closing the investigation.
 - xii. General Comments – this is where you will put any additional information gathered from the field investigation that you feel are pertinent.
 - 1. For example, if a patient indicates they share body jewelry, you would indicate that here as it isn't captured elsewhere in the NBS investigation.

Case Info | Hepatitis Core | Contact Tracing | Contact Records | Supplemental Info

Go to: [Investigation Information](#) | [Reporting Information](#) | [Epidemiologic](#) | [General Comments](#)

[Collapse Sections](#)

[Investigation Information](#) [Back to top](#)

[Collapse Subsections](#)

[Investigation Details](#)

Jurisdiction: Md-Cumberland Region

Program Area: General Communicable Disease

Investigation Start Date: 10/16/2015

Investigation Status: Open

Shared Indicator: ☐

State Case ID:

Legacy Case ID:

[Investigator](#)

Investigator: Search - QR - [Quick Code Lookup](#)

Investigator Selected:

Date Assigned to Investigation:

[Reporting Information](#) [Back to top](#)

[Collapse Subsections](#)

[Key Report Dates](#)

Date of Report:

Earliest Date Reported to County:

Earliest Date Reported to State:

[Reporting Organization](#)

Reporting Source Type:

Reporting Organization: Search - QR - [Quick Code Lookup](#)

Reporting Organization Selected:

[Reporting Provider](#)

Reporting Provider: Search - QR - [Quick Code Lookup](#)

Reporting Provider Selected:

[Reporting County](#)

Reporting County:

[Epidemiologic](#) [Back to top](#)

[Collapse Subsections](#)

[Epi Link](#)

Is this person associated with a day care facility?:

Is this person a food handler?:

Is this case part of an outbreak?:

Outbreak Name:

[Disease Acquisition](#)

Where was the disease acquired?:

Imported Country:

Imported State:

Imported City:

Imported County:

Country of Usual Residence:

[Exposure Location](#)

Country of Exposure	State or Province of Exposure	City of Exposure	County of Exposure
No Data has been entered.			
Country of Exposure:			
State or Province of Exposure:			
City of Exposure:			
County of Exposure:			

[Bilateral Reporting](#)

(Use Ctrl to select more than one)

Bilateral Reporting Criteria:

Exposure to suspected product from Canada or Mexico

Has case contacts in or from Mexico or Canada

Other situations that may require binational notification or coordination of response

Selected Values:

[Case Status](#)

Transmission Mode:

Detection Method:

(Use Ctrl to select more than one)

Confirmation Method:

Active Surveillance

Case/Outbreak Investigation

Clinical diagnosis (non-laboratory confirmed)

Selected Values:

Confirmation Date:

Case Status:

MMWR Week: 42

MMWR Year: 2015

Immediate National Notifiable Condition: No

Notification Comments to CDC:

[General Comments](#) [Back to top](#)

[Collapse Subsections](#)

[General Comments](#)

General Comments:

7. The Hepatitis Core tab appears within the investigation for all hepatitises.
- a. Central Office will interpret those items with unknown selected to mean the patient was lost to follow-up or refused to answer.
 - b. Central Office will interpret those items with nothing selected (blank) to mean the case is still being worked up and the field investigation is not complete.
 - c. You will fill out the following information for surveillance purposes:
 - i. Reason for Testing (check all that apply)
 - ii. Diagnosis Date – use the lab’s resulted/verified/completed/report date (same as the resulted date when the lab is entered)
 - iii. Is patient symptomatic? If yes, and if known:
 - 1. Illness Onset Date
 - iv. Was the patient jaundiced?
 - v. Was the patient hospitalized for this illness? If yes, and if known:
 - 1. Hospital’s information
 - 2. Admission Date
 - 3. Discharge Date
 - vi. Is the patient pregnant? If yes,
 - 1. Due Date
 - vii. Did the patient die from this illness? If yes, and if known:
 - 1. Date of Death
 - a. You must be certain the patient died from the hepatitis indicated as the investigation condition and not from another primary cause.
 - viii. Was the patient aware s/he had hepatitis prior to lab testing?
 - ix. Does the patient have a provider of care for hepatitis? If yes, and if known:
 - 1. Physician’s information
 - x. Does the patient have diabetes? If yes, and if known:
 - 1. Diabetes diagnosis date
 - a. If you only know the year, please denote the appropriate year and use 01/01 for the month and day, respectively.
 - 2. If patient has diabetes, select all that apply
 - xi. Fill in any lab criteria that pertain to the labs you have entered (or were imported via ELR) that will be associated with this investigation. This should be completed for both positive and negative labs.
 - 1. For numeral xi section only, if there is information you do not know, you can leave the fields blank. You do not need to select Unknown.

Lindsey A Sizemore | Female | 08/24/1984 (31 Years) Patient ID: 2559032

Go to: Clinical Data | Diagnostic Tests | Hepatitis Core | Contact Tracing | Contact Records | Supplemental Info

Reason for Testing (check all that apply):

Blood / Organ donor screening
Evaluation of elevated liver enzymes
Follow-up testing (prior viral hepatitis marker)

Selected Values:

Clinical Data

Diagnosis Date:

Is patient symptomatic?:

Illness Onset Date:

Illness End Date:

Illness Duration:

Illness Duration Units:

Age at Onset:

Age at Onset Units:

Was the patient jaundiced?:

Was the patient hospitalized for this illness?:

Hospital:

Hospital Selected:

Admission Date:

Discharge Date:

Total Duration of Stay in the Hospital (in days):

Is the patient pregnant?:

Specimen Collection Date (total anti-HBc):

total anti-HBc Result:

Specimen Collection Date (IgM anti-HBc):

IgM anti-HBc Result:

Specimen Collection Date (HEP B DNA/NAT):

HEP B DNA/NAT Result:

Specimen Collection Date (HBsAg):

HBsAg Result:

Specimen Collection Date (total anti-HCV):

total anti-HCV Result:

Specimen Collection Date (supplemental anti-HCV assay):

Supplemental anti-HCV Assay Result:

Specimen Collection Date (HCV RNA):

HCV RNA Result:

Specimen Collection Date (total anti-HDV):

anti-HDV Result:

Specimen Collection Date (total anti-HEV):

anti-HEV Result:

Note: The question regarding a negative hepatitis-related tests refers to the condition being reported. If this is an acute hepatitis B case, indicate if the patient had a negative hepatitis B-related test in the previous 6 months.

Did the patient have a negative hepatitis-related test in the previous 6 months?:

Was the patient aware s/he had hepatitis prior to lab testing?:

Does the patient have a provider of care for hepatitis?:

Physician:

Physician Selected:

Does the patient have diabetes?:

Diabetes Diagnosis Date:

Liver Enzyme Levels at Time of Diagnosis

ALT (SGPT) Result:

Specimen Collection Date (ALT):

Test Result Upper Limit Normal (ALT):

AST (SGOT) Result:

Specimen Collection Date (AST):

Test Result Upper Limit Normal (AST):

LDFs

Did patient have a negative HBsAg test in the last six months prior to the current positive test?:

If yes, date the test was performed:

Did patient have a negative HCV antibody test in the last six months prior to the current positive test?:

If yes, date the test was performed:

Was prevention message provided to the patient?:

If yes, date the message was provided:

Diagnostic Tests

Specimen Collection Date (anti-HAV):

total anti-HAV Result:

Specimen Collection Date (IgM anti-HAV):

IgM anti-HAV Result:

Specimen Collection Date (HBsAg):

HBsAg Result:

8. The Hepatitis Extended tab appears within the investigation and differs depending on what Hepatitis condition was selected when opening the investigation. All known fields in this tab must be filled out after conducting the “hepatitis C, acute” field investigation. If you determine after the field investigation that, based on the information you acquired, the patient meets the case definition for “hepatitis C, chronic” as opposed to “hepatitis C, acute”, refer to step 16 on page 93 for how to change the condition to “hepatitis C, chronic”.
 - a. Contact with a Case asks if the patient was aware that they were a contact to a known case of HCV. If you select yes, NBS asks for the type of contact the patient had with that

individual (sexual, needle, household, or other). If other is selected, please specify the type of contact in the text box.

- i. In the Hepatitis Extended tab, some fields will not populate unless yes is selected. For example, if you select Yes for “Did the patient receive a tattoo?” another set of questions will appear asking where the tattooing was performed (check all that apply).

Patient	Case Info	Hepatitis Data	Hepatitis Extended	Contact Tracing	Contact Records	Supplemental Info
Go to: Contact with Case Sexual and Drug Exposures Exposures Prior to Onset Hepatitis Treatment Vaccination History						
Contact With Case Back to top						
Sexual And Drug Exposures Back to top						
Exposures Prior To Onset Back to top						
Hepatitis Treatment Back to top						
Vaccination History Back to top						

Contact With Case

Sexual And Drug Exposures

Exposures Prior To Onset

Hepatitis Treatment

Vaccination History

9. Under the Contact Tracing tab, you are trying to determine who the patient could have exposed to HCV and contact tracing should be conducted on all acute HCV cases. You will fill out the following information for surveillance purposes:

- a. Infectious Period From – 2 weeks prior to the onset date
- b. Infectious Period To – 60 days after the onset date
 - i. Onset - symptoms or, in absence of symptoms, the first positive lab
 - ii. <http://www.timeanddate.com/date/dateadd.html>
- c. Contact Investigation Status (mark as open until all contacts have been interviewed) and then close.
- d. Contact Investigation Comments - this is where you will put any additional information gathered from the field investigation that you feel are pertinent.

Lindsey A Sizemore | Female | 08/24/1984 (31 Years) Patient ID: 2559032
* Indicates a Required Field

Submit Cancel

Back to top

Previous Next

Submit Cancel

10. Under the Contact Records tab, you must submit the investigation before you can add a contact.

Back to top

Back to top

Previous Next

Submit Cancel

- a. Once you submit, select the contact records tab again. You will need to enter the following information for surveillance purposes:
 - i. **Contacts Named by Patient:** These are persons that the case you are investigating has named as contacts during their infectious period.
 1. You will need to add all named contacts.
 - ii. **Patients Named by Contacts:** These are persons that named the case you are investigating as a possible contact.
 1. Prepopulates from the record(s) of these contacts. If you are adding a new investigation, this field will be blank. You do not need to do anything with this field.

Remember: Always protect the confidentiality of the index patient's identity when interviewing contacts.

The screenshot shows the 'Contact Records' tab selected in the top navigation bar. The 'Contacts Named By Patient' subsection is highlighted with a red box. The page displays two empty tables for 'Contacts Named By Patient' and 'Patient Named By Contacts'. A red arrow points to the 'Contact Records' tab in the top navigation bar.

- b. To add a new contact record, select Add New Contact Record:

The screenshot shows the 'Contact Records' tab selected in the top navigation bar. The 'Add New Contact Record' button is circled in red. The page displays two empty tables for 'Contacts Named By Patient' and 'Patient Named By Contacts'. The 'Add New Contact Record' button is located at the bottom right of the 'Contacts Named By Patient' table.

- c. To avoid creating duplicate patient records in NBS, search for the patient by looking up their Date of Birth (DOB), followed by the first common letters of the name (to account for multiple spellings of names, ex: Steven or Stephen you would search for 'Ste'):
- i. Names entered with all capital letters appear first, followed by those entered with both capital and lower case letters, followed by those entirely in lower case.

Contact Search

Search

Cancel

Search by:
☒ Demographics
☐ Event

Last Name:

First Name:

Date of Birth :

Current Sex:

Patient ID:

Search

Cancel

- d. If the patient does not exist in NBS (or if you are not sure it is the same person), select Add New and add any known demographic information.

Contact Search Results

Add New

Cancel

Search Results

[New Search](#) | [Refine Search](#)

Your Search Criteria: *Last Name contains 'yellow', First Name contains 'mellow'* resulted in **0** possible matches.
Select an existing person below to add as a contact, or [Add New](#)

Name	Age/DOB/Sex	Address	Telephone	Conditions
Nothing found to display.				

Add New

Cancel

Contact Search Results

Add New

Cancel

Search Results

New Search

Refine Search

Your Search Criteria: Last Name contains 'frog', First Name contains 'kermit' resulted in 1 possible matches.

Select an existing person below to add as a contact, or [Add New](#)

	Name	Age/DOB/Sex	Address	Telephone	Conditions
✓	Legal Frog.Kermit	10/31/1980 Male	Home 720 James Robertson Nashville, Tennessee 37243		

Add New

Cancel

- e. If the patient is in NBS, select the green check mark next to their name
 - i. This will populate four additional tabs for the contact patient: Contact, Contact Record, Contact Follow Up, and Supplemental Info.

Contact Search Results

Add New

Cancel

Search Results

New Search

Refine Search

Your Search Criteria: Last Name contains 'frog', First Name contains 'kermit' resulted in 1 possible matches.

Select an existing person below to add as a contact, or [Add New](#)

	Name	Age/DOB/Sex	Address	Telephone	Conditions
✓	Legal Frog.Kermit	10/31/1980 Male	Home 720 James Robertson Nashville, Tennessee 37243		

Add New

Cancel

- f. Under the Contact tab, all patient information that exists in the NBS record will populate.
 - i. Update any information that has changed and/or any new information.
 - ii. Most of the information in the contact record cannot be filled out until you have interviewed the contact.
 1. You can still add a contact record and reopen the record to add the information obtained from the interview. If you do this, be sure to change the 'Information as of Date.'

Add Contact Record

Submit
Cancel

Kermit Frog | Male | 10/31/1980 (35 Years)
Patient ID: 2563038
* Indicates a Required Field

Contact
Contact Record
Contact Follow Up
Supplemental Info

Patient Information
Collapse Subsections

General Information

* Information As of Date: 01/19/2016

Comments:

Name Information

First Name: Kermit
Middle Name:
Last Name: Frog
Suffix:
Alias/Nickname:

Other Personal Details

Date of Birth: 10/31/1980
Reported Age: 35
Reported Age Units: Years
Current Sex: Male
Is the patient deceased?:
Deceased Date:
Marital Status:
Primary Occupation:
Birth Country:
Primary Language:

Reporting Address for Case Counting

Street Address 1: 720 James Robertson
Street Address 2:
City: Nashville
State: Tennessee
Zip: 37243
County: Davidson County
Country: United States

Telephone Information

Home Phone:
Work Phone:
Ext.:
Cell Phone:
Email:

Ethnicity and Race Information

Ethnicity:
Reason Unknown:
Race:
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other
☐ Refused to answer
☐ Not Asked
☒ Unknown

- g. Under the Contact Record tab, fill out the following:
- i. Investigator (Search for yourself or enter your quick code)
 - ii. Disposition
 - iii. Date of Interview
 - iv. Reason why contact was not interviewed, if applicable
 - v. Date Named (date contact was named by index patient)
 - vi. Relationship
 - vii. Exposure Type
 - 1. If Other Needle Sharing type is selected , enter the type of needle sharing
 - viii. First Exposure Date, if known
 - ix. Last Exposure Date, if known
 - x. General Comments – this is where you will put any additional information gathered from the field investigation that you feel are pertinent.

Contact

Contact Record

Contact Follow Up

Supplemental Info

Contact Record

Back to top

Collapse Subsections

Contact Record Security

* Jurisdiction: Mid-Cumberland Region

Program Area: General Communicable Disease

* Shared Indicator: ☒

Administrative Information

Status: Open

Priority:

Group/Lot ID:

Investigator: Search - OR - Quick Code Lookup

Investigator Selected:

Date Assigned:

Disposition:

Disposition Date:

Date of interview:

Reason why contact was not interviewed:

Contact Information

* Date Named:

* Relationship:

Health Status:

Exposure Information

* Exposure Type:

(Use Ctrl to select more than one)

If yes, select the type of needle sharing:

Diabetic related

IDU

Other type of needle sharing

Selected Values:

Other If yes, select the type of needle sharing:

Did the contact consume any food or drink prepared by the case patient?:

Date of food preparation by case patient:

Details:

Exposure Site Type:

Exposure Site: Search - OR - Quick Code Lookup

Exposure Site Selected:

First Exposure Date:

Last Exposure Date:

Contact Record Comments

General Comments:

- h. Under the Contact Follow Up tab, fill out any of the information you know after conducting the interview:

[Contact](#) [Contact Record](#) [Contact Follow Up](#) [Supplemental Info](#)

Contact Follow Up [Back to top](#)

[Collapse Subsections](#)

Sign and Symptoms

Were there any signs/symptoms for this illness?:

Symptom Onset Date:

Signs & Symptoms Notes:

Risk Factors

Were there any risk factors for this illness?:

Risk Factor Notes:

Testing and Evaluation

Was testing/evaluation completed for this illness?:

Date of Testing and Evaluation:

Testing and Evaluation Findings:

Post Exposure Prophylaxis (PEP) and Vaccination

PEP (For Hepatitis A Contacts)

Was hepatitis A vaccine (HAV) recommended to be given as PEP to this person?:

If yes, date of HAV administration:

If no, was immunoglobulin (IG) recommended to be given to this person?:

Date of IG administration:

Vaccination (For Hepatitis B and C Contacts)

Vaccinated for HBV?:

Education

Was education provided to contact:

Reason education was not provided to contact:

[Previous](#) [Next](#)

- i. Under the Supplemental Info tab, you are not required to enter any information; however, you can use this as a place to upload the HBV/HCV Case Report Form or any other supporting documentation from your investigation.

Go to: [Supplemental Information](#)

[Collapse Sections](#)

☐ **Supplemental Information**

[Collapse Subsections](#)

☐ **Attachments**

Date Added	Added By	File Name	Description
Nothing found to display.			

☐ **Notes**

Date Added	Added By	Note	Private
Nothing found to display.			

[Previous](#) [Next](#)

- j. Once all tabs within the contact record have been filled out, click on the Contact Record tab, change the contact record status to closed, and click SUBMIT. This will save the contact record.

Kermit Frog | Male | 10/31/1980 (35 Years) **Patient ID: 2563038**
* Indicates a Required Field

Go to: [Supplemental Information](#)

[Collapse Sections](#)

☐ **Supplemental Information**

[Collapse Subsections](#)

☐ **Attachments**

Date Added	Added By	File Name	Description
Nothing found to display.			

☐ **Notes**

Date Added	Added By	Note	Private
Nothing found to display.			

[Previous](#) [Next](#)

[Contact](#) [Contact Record](#) [Contact Follow Up](#) [Supplemental Info](#)

[Submit](#) [Cancel](#)

- k. Select close to close the contact record. This record is now listed under the original patient as a contact.

- l. To add additional contacts, follow the same steps as above.

View Contact Record

[Edit](#) [Print](#) [Close](#)

Contact Record has been successfully updated in the system.

Kermit Frog Male 10/31/1980 (35 Years)			Patient ID: 2563038
Contact Record ID: CON10016004TN01	Created: 01/22/2016	By: Lindsey Sizemore	
Condition: Hepatitis C, acute	Last Updated: 01/22/2016	By: Lindsey Sizemore	
Investigator:	Status: Open	Disposition: Not Infected	

Lindsey A Sizemore Female 08/24/1984 (31 Years)			Patient ID: 2559032
Investigation ID: CAS11051019TN01	Created: 10/22/2015	By: Shannon DePont	
Investigation Status: Closed	Last Updated: 01/19/2016	By: Lindsey Sizemore	
Investigator:	Case Status: Probable	Notification Status:	

[Patient](#) [Case Info](#) [Hepatitis Core](#) [Hepatitis Extended](#) [Contact Tracing](#) [Contact Records](#) [Supplemental Info](#) * Indicates a Required Field

☒ **Contact Records** [Collapse Subsections](#) [Back to top](#)

☐ Contacts Named By Patient

The following contacts were named within Lindsey A Sizemore's investigation:

Date Named	Contact Record ID	Name	Priority	Disposition	Investigation ID
10/25/2015	CON10016003TN01	Frog, Kermit			

[Add New Contact Record](#)

- m. To edit or add additional information within a contact record, click on the Contact Record ID, click Edit, update the contact record information accordingly, and click Submit.

Lindsey A Sizemore Female 08/24/1984 (31 Years)			Patient ID: 2559032
Investigation ID: CAS11051019TN01	Created: 10/22/2015	By: Shannon DePont	
Investigation Status: Closed	Last Updated: 01/19/2016	By: Lindsey Sizemore	
Investigator:	Case Status: Probable	Notification Status:	

[Patient](#) [Case Info](#) [Hepatitis Core](#) [Hepatitis Extended](#) [Contact Tracing](#) [Contact Records](#) [Supplemental Info](#) * Indicates a Required Field

☒ **Contact Records** [Collapse Subsections](#) [Back to top](#)

☐ Contacts Named By Patient

The following contacts were named within Lindsey A Sizemore's investigation:

Date Named	Contact Record ID	Name	Priority	Disposition	Investigation ID
10/25/2015	CON10016003TN01	Frog, Kermit			

[Add New Contact Record](#)

View Contact Record

[Edit](#) [Print](#) [Close](#)

Kermit Frog Male 10/31/1980 (35 Years)			Patient ID: 2563038
Contact Record ID: CON10016004TN01	Created: 01/22/2016	By: Lindsey Sizemore	
Condition: Hepatitis C, acute	Last Updated: 01/22/2016	By: Lindsey Sizemore	
Investigator:	Status: Open	Disposition: Not Infected	

10. If you need to change information within an investigation, you can go back into the investigation, click Edit, update the Investigation information accordingly, and click SUBMIT.

Return **Edit** Print

Manage Create Transfer Change
Associations Notifications Ownership Condition

Lindsey A Sizemore | Female | 08/24/1984 (31 Years) Patient ID: 2559032

Investigation ID: CAS11051036TN01 Created: 11/19/2015 By: Lindsey Sizemore

Investigation Status: Closed Last Updated: 01/19/2016 By: Lindsey Sizemore

Investigator: Case Status: Probable Notification Status:

* Indicates a Required Field

Patient Case Info Hepatitis Core Hepatitis Extended Contact Tracing Contact Records Supplemental Info

Go to: [Investigation Information](#) | [Reporting Information](#) | [Epidemiologic](#) | [General Comments](#)

[Collapse Sections](#)

☐ Investigation Information [Back to top](#)

☐ Investigation Subsections

☐ Investigation Details

* Jurisdiction: Mid-Cumberland Region

* Program Area: General Communicable Disease

Investigation Start Date: 11/19/2015

* Investigation Status: Closed

11. Under the Supplemental Info tab, you are not required to enter any information; however, you can use this as a place to upload the HBV/HCV Case Report form or any other supporting documentation from your investigation.

Patient Case Info Hepatitis Core Hepatitis Extended Contact Tracing Contact Records Supplemental Info

Go to: [Associations](#) | [Notes and Attachments](#) | [History](#) | [Custom Fields](#)

[Collapse Sections](#)

12. Once the investigation has been submitted, click on Manage Associations to associate HCV laboratory reports (paper or electronic) to the investigation:

Previous Next

Patient Case Info Hepatitis Core Hepatitis Extended Contact Tracing Contact Records Supplemental Info

Manage Create Transfer Change
Associations Notifications Ownership Condition

Lindsey Sizemore | Female | 08/24/1984 (31 Years) Condition: Hepatitis C, acute Case Status: Probable

Investigation ID: CAS11051036TN01

[Print](#) [Submit](#) [Cancel](#)

Associations

[Collapse Subsections](#)

☐ Lab Reports

	Date Received	Provider/Reporting Facility	Date Collected	Test Results	Program Area	Event ID
<input type="checkbox"/>	10/29/2015 12:00 AM	Reporting Facility: Pathgroup Ordering Provider: DR EDWARD WHITE	10/25/2015	• Hepatitis B virus Surface Antigen (HBsAg): positive	General Communicable Disease	OBS14718089TN01
<input checked="" type="checkbox"/>	10/29/2015 2:00 AM	Reporting Facility: Pathgroup Ordering Provider: DR EDWARD WHITE	10/26/2015	• Hepatitis C virus (HCV), Antibody: positive	General Communicable Disease	OBS14718099TN01

Add Lab Report

13. Guidance for Transferring Jurisdiction

Out of Tennessee Procedure

Out of Tennessee Paper Laboratory Reports

- Does the patient have an existing non-perinatal Hepatitis B or Hepatitis C NBS investigation?
 - If Yes
 - Transfer jurisdiction to Out of Tennessee, denote the appropriate state (and patient address) where the information will need to be transferred to on laboratory report, and send laboratory report to central office:

**Tennessee Department of Health
Andrew Johnson Tower - HIV/STD/Viral Hepatitis Section – 4th Floor
Attention: Shannon De Pont
710 James Robertson Parkway
Nashville, TN 37243**

- If No
 - Send paper laboratory report to central office:

**Tennessee Department of Health
Andrew Johnson Tower - HIV/STD/Viral Hepatitis Section – 4th Floor
Attention: Shannon De Pont
710 James Robertson Parkway
Nashville, TN 37243**


Viral Hepatitis staff will coordinate with Surveillance Systems and Informatics Program (SSIP) to alert appropriate state.

Out of Tennessee Electronic Laboratory Reports (ELR)*

- Does the patient have an existing non-perinatal Hepatitis B or Hepatitis C NBS investigation?
 - If Yes
 - The investigation status needs to be marked as Open, which allows the investigation to show in the Open Investigations Queue.
 - Associate any relevant laboratory reports with this investigation (ELR and any existing paper laboratory reports).
 - Select 'Edit' in the investigation and update the demographic information in the 'Patient' tab to reflect the address for the other jurisdiction.
 - As a reminder, change the demographics within the investigation and NOT in the Demographics tab, as the demographics you enter in the investigation will transfer to the Demographics tab.
 - Select 'Transfer Ownership' and change the jurisdiction to Out of Tennessee.
 - The investigation will show in the Open Investigation Queue under the Out of Tennessee jurisdiction for the SSI program to send the investigation and associated labs on to the new state or territory. Once the investigation has been forwarded on, the SSI program will change the case status to Not a Case and the investigation status to Closed.

- An email needs to be sent notifying the SSI program about the transfer only if the investigation status has been changed to Closed, because the investigation will not show in the Open Investigations Queue. Then, email CEDS.Informatics@tn.gov with the Investigation ID (CAS#).
- If No
 - Select 'Edit' in the lab report.
 - Update the patient address in the lab report.
 - For manual labs, the demographic information may be updated in the Patient tab.
 - For electronic lab reports, the address will need to be added as Add Comment under Lab Report Comments toward the bottom of the lab report.

Lab Report Comments



- Select 'Transfer Ownership' and change the jurisdiction to Out of Tennessee
 - If the lab was NOT marked as reviewed, and you can still see the Mark as Reviewed button, the receiving Surveillance Systems and Informatics (SSI) Program at the Central Office will see the lab report in their 'Documents Requiring Review' work queue to be able to send the report to the new state or territory.
 - If the lab was marked as reviewed, notify Surveillance Systems and Informatics Program (SSIP) by emailing the Patient ID Number/PSN to CEDS.Informatics@tn.gov and they will alert the respective state.
 - Note: This is only required for Hepatitis B ELR. Hepatitis C ELR will continue to be marked as reviewed and Central Office Viral Hepatitis staff will coordinate with the Surveillance Systems and Informatics Program to address these.

In-State Procedure

In-State Paper Laboratory Reports

In-State Investigations must be transferred to the jurisdiction listed on the most recent laboratory report received.

- Does the patient have an existing non-perinatal Hepatitis B or Hepatitis C NBS investigation?
 - If Yes
 - Associate any relevant laboratory reports with this investigation (ELR and any existing paper laboratory reports)
 - Coordinate with the appropriate jurisdiction, using Patient ID, to:
 - Transfer the investigation

- Deliver paper laboratory reports not in NBS
- **Update the address within the investigation to the new address, including the county**
- If No
 - Open an investigation following Viral Hepatitis investigation protocol
 - Coordinate with the appropriate jurisdiction to:
 - Deliver paper laboratory reports not in NBS

In-State Electronic Laboratory Reports (ELR)*

- Does the patient have an existing non-perinatal Hepatitis B or Hepatitis C NBS investigation?
 - If Yes
 - Associate any relevant laboratory reports with this investigation (ELR and any existing paper laboratory reports)
 - Coordinate with the appropriate jurisdiction, using Patient ID, to:
 - Transfer the investigation
 - **Update the address within the investigation to the new address, including the county**
 - If No
 - Open an investigation following Viral Hepatitis investigation protocol

*Note: This is only required for Hepatitis B ELR. Hepatitis C ELR will continue to be marked as reviewed and Central Office Viral Hepatitis staff will coordinate with the Surveillance Systems and Informatics Program to address these.

The “ownership” of the investigation can be changed by clicking on Transfer Ownership at the top of the investigation and transferring the investigation to the correct jurisdiction.



14. Investigations must be closed within 30 days of the Investigation Start Date and a case status must be denoted.

- a. To close the investigation, click on the Case Info tab and change the Investigation Status to “Closed.”
- b. To assign a case status per CDC/CSTE case definitions (Appendix A), click on the Case Info tab and select the appropriate case status.
 - i. During the 30 days while the case is being worked up, a case status of ‘Suspect’ is appropriate as a placeholder; however, **NO cases should be closed with a case status of ‘Suspect.’**

1. Select the case status based on the information you have at 30 days.
2. The case status can be changed later should you acquire additional information.

[Patient](#) | [Case Info](#) | [Hepatitis Core](#) | [Hepatitis Extended](#) | [Contact Tracing](#) | [Contact Records](#) | [Supplemental Info](#)

Go to: [Investigation Information](#) | [Reporting Information](#) | [Epidemiologic](#) | [General Comments](#)

[Collapse Sections](#)

☒ **Investigation Information** [Back to top](#)

[Collapse Subsections](#)

☒ Investigation Details

* Jurisdiction: Mid-Cumberland Region
 * Program Area: General Communicable Disease
 Investigation Start Date: 11/19/2015
 * Investigation Status: Closed
 * Shared Indicator: ☐
 State Case ID:
 Legacy Case ID:
☒ Investigator
 Investigator: Search - OR - Quick Code Lookup
 Investigator Selected:
 Date Assigned to Investigation:

Confirmation Date:
 Case Status: Probable
 MMWR Week: 42
 MMWR Year: 2015
 Immediate National Notifiable Condition: No

15. A notification must be sent for each condition. To do this, select Create Notifications and then select SUBMIT. Refer to Appendix D for more detailed guidance on the Case Notifications Procedure.
 - a. You should do this when you are closing the investigation to signal to Central Office that you are ready for the case to be reviewed.
 - i. Do NOT create a notification for investigations with an Out of Tennessee jurisdiction or with a case status of 'Not a Case.'
 - b. Any changes made to the investigation after the CDC notification has been sent will automatically be sent to CDC. There is no need to create another notification.
 - i. Any comments added in the notification comments will be transferred to CDC.

[Previous](#) [Next](#)

[Patient](#) | [Case Info](#) | [Hepatitis Core](#) | [Hepatitis Extended](#) | [Contact Tracing](#) | [Contact Records](#) | [Supplemental Info](#)

☒ Manage Associations | ☒ Create Notifications | ☐ Transfer Ownership | ☐ Change Condition | ☐ Edit | ☐ Print

Create Notification: Notification Comments

Create Notification

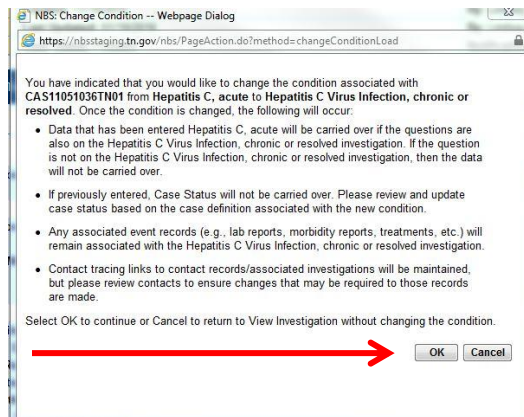
* Notification Comments:

16. If after conducting the field investigation it is determined the patient was a case of “hepatitis C, chronic” instead of “hepatitis C, acute”, select Change Condition, then the New Condition and SUBMIT.

- a. This patient would not be “hepatitis C, acute” with a case status of ‘Not a Case’; however, they would need to have their condition changed to “hepatitis C, chronic” with a case status of either ‘Confirmed’ or ‘Probable.’ It is critically important to change the condition and designate the appropriate case status for CDC reporting purposes.

The screenshot shows the 'NBS: Change Condition -- Webpage Dialog' window. The URL is <https://nbsstaging.tn.gov/nbs/PageAction.do?method=changeConditionLoad>. The form is titled 'Change Condition' and includes a 'Submit' and 'Cancel' button at the top. Below the title, it says '* Indicates a Required Field'. The main section is 'Change Condition - Select Condition', which prompts the user to 'Change the Condition from Hepatitis C, acute to:'. There is a dropdown menu for 'New Condition:' and a 'Submit' button circled in red. A red arrow points to the 'New Condition:' dropdown.

- b. When changing conditions, you will get the following warning message. This is letting you know that the previous condition selected will not carry over, any events (laboratory reports) you associated will remain associated, and any contact tracing links will be maintained. Most importantly, however, it is letting you know that any information currently under the “hepatitis C, acute” extended tab that is not also in the “hepatitis C, chronic” extended will not transfer over. Select OK.



- c. The Hepatitis Extended tab will now be populated with the “hepatitis C, chronic” fields. You do not need to fill out the additional information related to the HCV chronic condition if you don’t have it (i.e. you don’t need to try to acquire it; however, if you have it, please enter it).

Lindsey A Sizemore Female 08/24/1984 (31 Years)			Patient ID: 2559032
Investigation ID: CAS11051036TN01	Created: 11/19/2015	By: Lindsey Sizemore	
Investigation Status: Closed	Last Updated: 01/19/2016	By: Lindsey Sizemore	
Investigator:	Case Status: Probable	Notification Status:	

* Indicates a Required Field

[Patient](#)
[Case Info](#)
[Hepatitis C](#)
[Hepatitis Extended](#)
[Contact Tracing](#)
[Contact Records](#)
[Supplemental Info](#)

Chronic Hepatitis Infection [Back to top](#)

[Collapse Subsections](#)

☐ Chronic Hepatitis C Only

Did the patient receive a blood transfusion prior to 1992?:

Did the patient receive an organ transplant prior to 1992?:

☐ Risk Factors

Did the patient receive clotting factor concentrates prior to 1987?:

Was the patient ever on long-term hemodialysis?:

Has the patient ever injected drugs not prescribed by a doctor?:

Number of needle sharing partners:

How many sex partners has the patient had?:

Was the patient ever incarcerated?:

Was the patient ever treated for a sexually transmitted disease?:

Was the patient ever a contact of a person who had hepatitis?:

☐ Risk Factors Continued

Patient ever employed in a medical or dental field involving direct contact with human blood?:

Has the patient received medication for the type of hepatitis being reported?:

☐ Hepatitis B Vaccination

Did the patient ever receive hepatitis B vaccine?:

If yes, how many doses?:

In what year was the last dose received?:

- i. In a situation where you changed the condition from acute to chronic, under the Case Info tab, select ‘Yes’ for the question ‘Was the patient assessed for acute disease and determined to not have acute disease?’

Patient

Case Info

Hepatitis Core

Hepatitis Extended

Contact Tracing

Contact Records

Supplemental Info

Go to: [Investigation Information](#) | [Reporting Information](#) | [Epidemiologic](#) | [General Comments](#)

[Collapse Sections](#)

Investigation Information

Back to top

[Collapse Subsections](#)

Investigation Details

* Jurisdiction: Mid-Cumberland Region

* Program Area: General Communicable Disease

Investigation Start Date: 10/22/2015

* Investigation Status: Closed

* Shared Indicator: ☐

Date of interview:

Reason why hepatitis patient was not interviewed:

State Case ID:

Legacy Case ID:

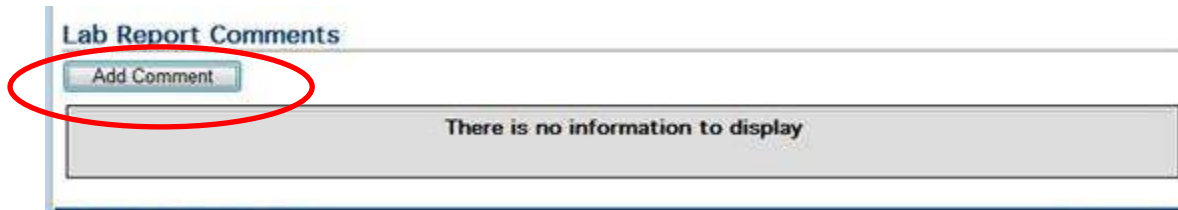
PRISM ID:

Was the patient assessed for acute disease and determined to not have acute disease?:

Notes Regarding HCV Investigations

With respect to HCV, patients should have no more than one investigation for an acute infection and one investigation for a chronic infection. Creating multiple investigations for acute or chronic affects cases count information reported to CDC.

HCV Electronic Laboratory Reports (ELR) not associated with an investigation can continue to be marked as reviewed; however, you will need to type the county name in the Lab Report Comments section before you mark it as reviewed.



This process will create orphan HCV laboratory reports; however, central office surveillance staff will address these. Additionally, often times ALT results are received via ELR and we understand that many will be orphaned in this process. If, when reviewing the orphan labs, we see an elevated ALT in addition to a positive anti-HCV and/or an HCV RNA, we will email the region on a case by case basis and ask them to conduct an acute HCV field investigation.

If you receive paper laboratory reports with more than one hepatitis test listed (i.e. a laboratory report with both HBV and HCV tests), please make a copy for yourself and mark out the HBV tests prior to sending the laboratory report to central office. Failure to do so may result in you receiving the HBV labs back, as central office administrative staff will not know the HBV labs have been entered.

If in doubt about whether or not to create an investigation or how to associate an ELR, please contact your Central Office Epidemiologist:

Lindsey Sizemore: lindsey.sizemore@tn.gov or 615-770-6928 (CHR, SER, SUL)

Jennifer Black: jennifer.black@tn.gov or 615-253-4782 (ETR, KKR, NER)

Travis Sondgerath: travis.sondgerath@tn.gov or 615-253-4452 (MCR, NDR, UCR)

Epidemiologist I - TBD (JMR, SCR, MSR, WTR)

If you need an Accurint search for a Hepatitis case, please fill out the form in Appendix B and send securely to Jennifer Black: jennifer.black@tn.gov

Please continue to send HCV laboratory reports that are not associated with suspected acute cases to Central Office, at the address below:

**Tennessee Department of Health
Andrew Johnson Tower- HIV/STD/Viral Hepatitis Section – 4th Floor
Attention: Shannon De Pont
710 James Robertson Parkway
Nashville, TN 37243**

Hepatitis D and Hepatitis E NBS Investigations

Hepatitis D and E are not reportable in the state of Tennessee; however, any lab reports containing Hepatitis D (HDV) or Hepatitis E (HEV) information must be sent to central office. Make a copy if the report contains any other laboratory reports you might need (HAV, HBV, HCV), and send to:

**Tennessee Department of Health
Andrew Johnson Tower- HIV/STD/Viral Hepatitis Section – 4th Floor
Attention: Lindsey Sizemore
710 James Robertson Parkway
Nashville, TN 37243**

For questions pertaining to HDV and HEV labs, please contact Lindsey Sizemore:
lindsey.sizemore@tn.gov or 615-770-6928.

Appendix A:
CDC/CSTE Case Definitions and NBS Case Status Classification

2012 CDC/CSTE HCV Case Definitions: Hepatitis B, acute

Clinical Description

An acute illness with a discrete onset of any sign or symptom* consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain),

AND

- a) jaundice

OR

- b) peak elevated serum alanine aminotransferase (ALT) level > 100 IU/L during the period of acute illness.

*A documented negative hepatitis B surface antigen (HBsAg) laboratory test result within 6 months prior to a positive test (either HBsAg, hepatitis B “e” antigen (HBeAg), or hepatitis B virus nucleic acid testing (HBV NAT), including genotype) result does not require acute clinical presentation to meet surveillance case definition.

Laboratory Criteria for Diagnosis

HBsAg positive **AND** Immunoglobulin M (IgM) antibody to hepatitis B core antigen (IgM anti-HBc) positive (if done)

CDC Case Classification (Case Status)

Acute, confirmed: A case that meets clinical criteria, is laboratory confirmed, and is not known to have chronic hepatitis B.

Additional Tennessee Department of Health Case Classification (Case Status)

Acute, probable*: The following combination of tests:

Symptoms, or jaundice, or ALT >100, positive HBsAg, and unknown IgM anti-HBc

OR

Symptoms, or jaundice, or ALT>100, negative HBsAg, and positive IgM anti-HBc

OR

Regardless of symptoms, HBsAg positive, and IgM anti-HBc positive

OR

Regardless of symptoms, HBsAg positive, and unknown IgM anti-HBc

*Per internal Tennessee Department of Health discussions, if the patient has symptoms but no jaundice or elevated ALT, we will still classify them as acute, probable.

2012 CDC/CSTE HCV Case Definitions: Hepatitis B, chronic

Clinical Description

No symptoms are required. Persons with chronic hepatitis B virus (HBV) infection may have no evidence of liver disease or may have a spectrum of disease ranging from chronic hepatitis to cirrhosis or liver cancer.

Laboratory Criteria for Diagnosis

Immunoglobulin M (IgM) antibodies to hepatitis B core antigen (IgM anti-HBc) negative **AND** a positive result on one of the following tests: hepatitis B surface antigen (HBsAg), hepatitis B e antigen (HBeAg), or nucleic acid test for hepatitis B virus DNA (including qualitative, quantitative and genotype testing)

OR

HBsAg positive or nucleic acid test for HBV DNA positive (including qualitative, quantitative, and genotype testing) or HBeAg positive two times at least six months apart. (Any combination of these tests performed 6 months apart is acceptable).

Case Classification (Case Status)

Chronic, probable

A person with a single HBsAg positive or HBV DNA positive (including qualitative, quantitative, and genotype testing) or HBeAg positive lab result and does not meet the case definition for acute hepatitis B.

Chronic, confirmed

A person who meets either of the above laboratory criteria for diagnosis.

Comments

Multiple laboratory tests indicative of chronic HBV infection may be performed simultaneously on the same patient specimen as part of a “hepatitis panel.” Testing performed in this manner may lead to seemingly discordant results, e.g., HBsAg-negative **AND** HBV DNA-positive. For the purposes of this case definition, any positive result among the three laboratory results mentioned above is acceptable, regardless of other testing results. Negative HBeAg results and HBV DNA levels below positive cutoff level do not confirm the absence of HBV infection.

HBV Case Status Classification Box and Applications of Case Status for HBV

Hepatitis B

I	II	III	IV
<input type="checkbox"/> Symptomatic	<input type="checkbox"/> Jaundice and/or ALT >100	<input type="checkbox"/> HBsAg (+)	<input type="checkbox"/> IgM anti-HBc (+)

☐ **Acute, Confirmed:**

- Seroconversion: (-) HBsAg within 6mos prior to a (+) HBsAg, HBeAg/HBV NAT; OR
- All Boxes checked (I, II, III, and IV) OR
- Boxes I, II, and III checked with unknown IgM anti-HBc

☐ **Acute, Probable:**

- [Box I, and/or Box II], plus Box III checked with unknown IgM anti-HBc*; OR
- Boxes III and IV checked

☐ **Chronic, Confirmed:**

- (-) IgM anti-HBc and one (+) of the following: HBsAg, HBeAg, or HBV NAT; OR
- (+) HBsAg, HBeAg, HBV NAT two times ≥ 6 months apart (any combo)

☐ **Chronic, Probable:**

- One (+) of the following : HBsAg, HBeAg, or HBV NAT

*While a (-) IgM anti-HBc would make this "Chronic, Confirmed", an absent IgM anti-HBc is not the same as a (-) IgM anti-HBc.

As highlighted in the footnote above, in order to assign appropriate condition (acute or chronic) and case status (probable or confirmed), it is critical to obtain the IgM anti-HBc result; negative IgM anti-HBc is not synonymous with unknown IgM anti-HBc.

(-) or Unknown HBsAg, plus...	Existing investigation in NBS (HAV or HCV)	
	Yes	No
(+) IgM anti-HBc	Associate labs with existing investigation	Create HBV investigation: Acute, not a case
(+) anti-HBc	Associate labs with existing investigation	Create HBV investigation: Chronic, not a case
(+) anti-HBs	Associate labs with existing investigation	Create HBV investigation: Chronic, not a case
(+) anti-HBe	Associate labs with existing investigation	Create HBV investigation: Chronic, not a case

Exception: If these labs are received on a **woman of reproductive age**, a field investigation will need to be conducted to determine pregnancy status and, if pregnant, acquire additional HBV labs for definitive case status determination.

While an investigation is being worked up, a case status of suspect can be used as a placeholder for the HBV conditions (acute or chronic) during this time.

All investigations must be closed within 30 days using the application of appropriate case status (confirmed, probable, or not a case). A case status of suspect does not fit within the CDC/CSTE case definitions as suspect is not an option.

Central office epidemiologists will be running monthly reports to check for those with an investigation start date that exceeds 30 days and for those with no investigation and will reach out to field staff directly if any of these are found.

2016 CDC/CSTE Case Definitions: Hepatitis C (acute and chronic)

Clinical Criteria

An illness with discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain),

AND

- a) jaundice

OR

- b) peak elevated serum alanine aminotransferase (ALT) level > 200 IU/L during the period of acute illness.

Laboratory Criteria

A positive test for antibodies to hepatitis C virus (anti-HCV)

Hepatitis C virus detection test:

Nucleic acid test (NAT) for HCV RNA positive (including quantitative, qualitative or genotyping testing) or a positive test indicating the presence of hepatitis C viral antigen(s) (HCV antigen)*

Case Classification (Conditions and Case Status)

Acute, confirmed: A case that meets clinical criteria and has a positive hepatitis C virus detection test (HCV NAT or HCV antigen)

OR

A documented negative HCV antibody, HCV antigen or NAT laboratory test result followed within 12 months by a positive result of any of these tests (test conversion)

Acute, probable*: A case that meets clinical criteria and has a positive anti-HCV antibody test, but has no reports of a positive HCV NAT or positive HCV antigen tests

AND

Does not have test conversion within 12 months or has no report of test

*Per internal Tennessee Department of Health discussions, if the patient has symptoms but no jaundice or elevated ALT, we will still classify them as acute, probable.

Chronic, confirmed: A case that does not meet clinical criteria or has no report of clinical criteria

AND

Does not have test conversion within 12 months or has no report of test conversion

AND

Has a positive HCV NAT or HCV antigen test

Chronic, probable: A case that does not meet clinical criteria or has no report of clinical criteria

AND

Does not have test conversion within 12 months or has no report of test conversion

AND

Has a positive anti-HCV antibody test, but no report of a positive HCV NAT or positive HCV antigen test*

HCV Case Status Classification Box and Applications of Case Status for HCV

Hepatitis C

	Symptom(s) plus either a) jaundice or b) ALT >200 IU/L	
	No or Unknown	Yes
HCV Ab(+) only	Chronic, Probable <input type="checkbox"/>	Acute, Probable <input type="checkbox"/>
HCV NAT(+) or HCV Ag(+)	Chronic, Confirmed <input type="checkbox"/>	Chronic, Confirmed <input type="checkbox"/>

Acute

- Seroconversion: (-) HCV Ab, HCV Ag, or HCV NAT followed by a (+) of any of these within 12 months (see test conversion table below)= **Acute**,

Confirmed

Test Conversion within 12 Months Combinations

First Result	Second Result
(-) HCV Ab	(+) HCV Ab, (+) HCV Ag or (+) HCV NAT
(-) HCV Ag	(+) HCV Ag or (+) HCV NAT
(-) HCV NAT	(+) HCV Ag or (+) HCV NAT

Chronic:

- (+) HCV Ab, (-) RNA, and no other labs on file or the same results previously = **Chronic, Probable**
- (+) HCV Ab, (-) RNA, and prior (+) RNA = **Chronic, Confirmed**
- (-) HCV Ab, standalone = **Chronic, Not a Case**
- (-) HCV RNA, standalone = **Chronic, Not a Case**

While an investigation is being worked up, a case status of suspect can be used as a placeholder for the HCV acute condition.

All investigations must be closed within 30 days using the application of appropriate case status (confirmed, probable, or not a case). A case status of suspect does not fit within the CDC/CSTE case definitions as suspect is not an option.

Central office epidemiologists will be running monthly reports to check for those with an investigation start date that exceeds 30 days and for those with no investigation and will reach out to field staff directly if any of these are found.

Hepatitis B Testing and Counseling

GENERAL INFORMATION

Hepatitis B is a contagious liver disease that results from infection with the hepatitis B virus (HBV). It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness that damages the liver. Hepatitis B can be either “acute” or “chronic”.

Acute hepatitis B infection is a short-term illness that can last a few weeks up to 6 months after exposure to HBV. Adults may or may not show symptoms, and children usually do not show symptoms. If present, symptoms typically appear 6 weeks to 6 months after exposure and may include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, or yellowing of the skin or eyes.

Chronic hepatitis B infection is a long-term illness that occurs when HBV remains in a person’s body. Risk for chronic infection is age dependent: about 90% of infants infected with HBV infection at birth will develop chronic infection, while only about 5-10% of adults will develop long term infection. Chronic infection can last a lifetime and may lead to serious liver problems including cirrhosis (scarring of the liver), cancer, and liver failure leading to death.

The best way to prevent HBV infection is to be vaccinated. Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with HBV enters the body of someone who is not infected. This can happen during sexual contact, when sharing needles or other drug equipment, or from an infected mother to her baby during pregnancy or birth. It can also be transmitted from contact with objects that have even small amounts of infected blood on them (razors, toothbrushes, nail clippers, and medical devices) and unsanitary tattooing equipment. HBV can live outside the body and remain infectious for at least 7 days.

HBV screening begins with a blood test for the Hepatitis B Surface Antigen (HBsAg). A reactive or positive HBsAg test means that an individual is currently infected with HBV. Persons with a positive HBsAg can spread HBV to others regardless if they feel sick or well. Other markers of on-going infection include HBeAg and HBV DNA. Additional blood markers can provide information on whether a patient is immune to HBV based on prior vaccination or due to prior infection that has resolved. Please reference the attached information on interpreting Hepatitis B serology from the CDC. Interpreting some HBV results can be tricky, and individuals may need to be referred to their medical provider for additional follow-up/testing when test results are unclear or inconsistent.

WHO SHOULD BE TESTED

Testing is recommended for:

- Pregnant women (with each pregnancy)
- Individuals at high-risk for HBV infection, including:
 - Children born to HBV infected mothers
 - Sexual contacts of HBV positive individuals
 - History of injection drug use (even once)
 - Household contacts of HBV positive individuals
 - History of STD or multiple sex partners
 - Men who have sex with men
 - HIV positive individuals

- Occupational exposure
- History of long-term hemodialysis
- Persons born in or traveling to regions with intermediate or high rates of HBV

PROCEDURE

- Assess individual's risk status
- Determine need for testing and counseling
- If indicated, screen for HBsAg using currently available test and provide HBV counseling regarding:
 - Test results and instructions for follow-up testing (if indicated)
 - Risk reduction
 - Additional recommended services

COUNSELING

- **Test results**
 - ✓ If HBsAg is negative, the client is not currently infected with HBV
 - ✓ If HBsAg is positive, the client has virus in the blood, can spread HBV to others, and needs referral and evaluation by a doctor experienced in diagnosing and treating HBV
- **Risk reduction counseling**
 - ✓ For all clients:
 - Do not share needles or other equipment to inject or snort drugs
 - Do not share other items that may come in contact with another person's blood (medical equipment or personal items)
 - Avoid unsanitary tattooing
 - Use condoms consistently during all sexual activity
 - ✓ Additionally, for HBV positive clients:
 - See a doctor regularly
 - Avoid alcohol, acetaminophen (Tylenol), or products containing acetaminophen, as they can damage the liver
 - Consult a health professional before taking any prescription or over-the-counter medications
- **Additional recommended services**
 - ✓ Evaluation of immunization status (including Hepatitis A and Hepatitis B) and provision of indicated vaccines
 - ✓ Testing/counseling for Hepatitis C
 - ✓ Testing/counseling for other STDs (gonorrhea, chlamydia, syphilis, HIV)
 - ✓ Preconception counseling and/or contraception to reduce the risk of unintended pregnancy and/or mother-to-child transmission

REFERENCES

- Centers for Disease Control and Prevention web page for Interpretation of Hepatitis B Serologic Test Results, <http://www.cdc.gov/hepatitis/hbv/pdfs/serologicchartv8.pdf>
- Centers for Disease Control and Prevention: Recommendations for Routine Testing and Follow-up for Chronic HBV Infection, 2008, <http://www.cdc.gov/hepatitis/hbv/PDFs/ChronicHepBTestingFlwUp.pdf>
- Viral Hepatitis B information <http://www.cdc.gov/hepatitis/hbv/index.htm>
- Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th edition <http://www.cdc.gov/vaccines/pubs/pinkbook/hepb.html>
- World Health Organization web page for Hepatitis B, <http://www.who.int/csr/disease/hepatitis/whocdscsrlyo20022/en/index1.html>
- Centers for Disease Control and Prevention web page for the ABCs of Hepatitis, <http://www.cdc.gov/hepatitis/Resources/Professionals/PDFs/ABCTable.pdf>

Hepatitis C Testing and Counseling

GENERAL INFORMATION

Hepatitis C is a contagious liver disease that results from infection with the hepatitis C virus (HCV). It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness that damages the liver. Hepatitis C can be either “acute” or “chronic”.

Acute hepatitis C infection is a short-term illness that occurs within the first 12 months after someone is exposed to HCV. Approximately 75-85% of people who become infected with HCV develop chronic infection; the remaining 15-25% “clear” the virus on their own without treatment and do not develop chronic infection. Chronic hepatitis C infection is a long-term illness that occurs when HCV remains in a person’s body. Chronic infection can last a lifetime and, over time, can lead to serious liver problems including cirrhosis and liver failure.

Hepatitis C is usually spread when blood from a person infected with HCV enters the body of someone who is not infected. Today, most people become infected with HCV by sharing needles or other equipment to inject drugs. HCV can also be transmitted from unsanitary tattooing equipment, contact with objects that have even small amounts of infected blood on them (snorting straws, medical equipment, personal items), unprotected sex, or blood transfusion or organ transplant prior to 1992.

Hepatitis C screening begins with an antibody test. A reactive or positive antibody test means that an individual has been infected with the HCV at some point in time, and a second HCV test (an HCV RNA test) is needed to see if the person is chronically infected.

WHO SHOULD BE TESTED

Testing is recommended for all persons:

- Born from 1945 through 1965, or
- At high-risk for HCV infection, including:
 - History of injection drug use (even once)
 - History of illicit intranasal drug use (even once)
 - History of unregulated tattoo
 - History of incarceration
 - HIV positive individual
 - History of STD or multiple sex partners
 - Sexual contact with HCV positive individual
 - History of long-term hemodialysis
 - Received a blood transfusion or organ transplant prior to 1992
 - Occupational exposure
 - Child born to HCV infected mother

PROCEDURE

- Assess client’s individual risk status
- Determine client’s needs (testing, level of counseling)
- Screen for HCV using currently available test
- Provide HCV counseling regarding:
 - Test results and instructions for follow-up testing (if indicated)
 - Risk reduction
 - Additional recommended services

COUNSELING

- **Test results**
 - ✓ If HCV antibody negative, the client is not currently infected with HCV
 - For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV RNA may be considered
 - ✓ If HCV antibody positive, the client needs a follow-up test (HCV RNA)
 - If HCV RNA is negative, the client has cleared the infection and is NOT chronically infected; however, client is vulnerable to reinfection
 - If HCV RNA is positive, the client has virus in the blood and needs referral to and evaluation by a doctor experienced in diagnosing and treating Hepatitis C
- **Risk reduction** counseling
 - ✓ For all clients:
 - Do not share any needles or other equipment to inject or snort drugs
 - Avoid unsanitary tattooing
 - Do not share any other items that may come in contact with another person's blood (medical equipment, razors, toothbrushes, or other personal items)
 - Use condoms consistently during all sexual activity
 - ✓ For HCV positive clients
 - See a doctor regularly
 - Avoid alcohol
 - Consult a health professional before taking any prescription or over-the-counter medications, as they can damage the liver
- **Additional recommended services**
 - ✓ Testing/counseling for other STDs (gonorrhea, chlamydia, syphilis, HIV)
 - ✓ Evaluation of immunization status (including Hepatitis A and Hepatitis B) and provision of indicated vaccines
 - ✓ Preconception counseling and/or contraception to reduce the risk of unintended pregnancy and/or mother-to-child transmission

REFERENCES

- Centers for Disease Control and Prevention web page for Hepatitis C Information for the Public, <http://www.cdc.gov/hepatitis/C/PatientEduC.htm>.
- Centers for Disease Control "Hepatitis C: General Information", 2015, <http://www.cdc.gov/hepatitis/HCV/PDFs/HepCGeneralFactSheet.pdf>.
- Centers for Disease Control "Hepatitis C: What to Expect When Getting Tested", 2013, <http://www.cdc.gov/hepatitis/HCV/PDFs/HepCGettingTested.pdf>.

Appendix B:

Standardized Statewide Tools

Case Report Form

Hepatitis B or C - Case Report Form

INVESTIGATION:

Investigation start date: ____/____/____ Investigator name: _____ Phone: (____) _____
 Date of 1st Attempt: ____/____/____ ☐ Phone ☐ Letter Date of 2nd Attempt: ____/____/____ ☐ Phone ☐ Letter
 Date of Interview: ____/____/____ Reason not interviewed: ☐ Unable to Contact ☐ Refused ☐ Other: _____

PATIENT INFORMATION

Last: _____ First: _____ Middle: _____
 If Pediatric Case, Parent/Guardian Name: _____
 Address: _____ County: _____ ☐ Homeless
 City/State: _____ Zip: _____ Phone: (____) _____
 Employer: _____ Occupation/Setting: _____

DEMOGRAPHIC INFORMATION

Date of Birth: ____/____/____ Age: _____
 Country of Birth: _____
 Gender: ☐ Female ☐ Male ☐ Other: _____
 Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Other/Unknown
 Race: ☐ Black/African American
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ White ☐ Unknown Race
☐ Other Race, specify: _____

CLINICAL & DIAGNOSTIC DATA

Provider Name, Address, and Phone: _____

ILLNESS ONSET DATE: ____/____/____

ILLNESS DIAGNOSIS DATE: ____/____/____

CLINICAL DATA:

Yes No Unk
☐ ☐ ☐ Symptoms? (fever, headache, malaise, anorexia, n/v, diarrhea, abdominal pain)
☐ ☐ ☐ Jaundiced?
☐ ☐ ☐ Hospitalized for hepatitis?
 If YES, specify: _____
☐ ☐ ☐ Pregnant?
 If YES, due date: ____/____/____
☐ ☐ ☐ Died from Hepatitis?
 If YES, date of death: ____/____/____

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS:

ALT (SGPT) Result: _____ AST (SGOT) Result: _____

REASON FOR TESTING: (check all that apply)

☐ Symptoms of acute hepatitis
☐ Screening of asymptomatic patient with reported risk factors
☐ Screening of asymptomatic patient with no risk factors
☐ Prenatal screening
☐ Evaluation of elevated liver enzymes
☐ Blood/Organ donor screening
☐ Follow-up testing for previous marker of viral hepatitis
☐ Unknown
☐ Other: specify: _____

LABORATORY TESTS

Lab Name: _____ Date of collection: ____/____/____

	Pos	Neg	Unk
A. Total anti-HAV _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IgM anti-HAV _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. HBsAg _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBeAg _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBV NAT (qual, quant, Geno) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IgM anti-HBc _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. anti-HCV _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV NAT (qual, quant, Geno) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCVAg _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. anti-HDV _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. anti-HEV _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CASE CLASSIFICATION

Hepatitis B

I	II	III	IV
<input type="checkbox"/> Symptomatic	<input type="checkbox"/> Jaundice and/or ALT >100	<input type="checkbox"/> HBsAg (+)	<input type="checkbox"/> IgM anti-HBc (+)

Acute, Confirmed:

- Seroconversion: (-) HBsAg within 6 mos prior to a (+) HBsAg, HBeAg, or HBV NAT; OR
- All Boxes checked (I, II, III, and IV) OR
- Boxes I, II, and III checked with unknown IgM anti-HBc

Acute, Probable:

- [Box I, and/or Box II], plus Box III checked with unknown IgM anti-HBc; OR
- Boxes III and IV checked

Chronic, Confirmed:

- (-) IgM anti-HBc and one (+) of the following: HBsAg, HBeAg, or HBV NAT; OR
- (+) HBsAg, HBeAg, HBV NAT two times ≥ 6 months apart (any combo)

Chronic, Probable:

- One (+) of the following: HBsAg, HBeAg, or HBV NAT

Hepatitis C

	Symptom(s) plus either a) jaundice or b) ALT >200 IU/L	
	No or unknown	Yes
HCV Ab(+) only	Chronic, Probable <input type="checkbox"/>	Acute, Probable <input type="checkbox"/>
HCV NAT(+) or HCV Ag(+)	Chronic, Confirmed <input type="checkbox"/>	Acute, Confirmed <input type="checkbox"/>

Acute, Confirmed:

- Seroconversion: (-) HCV Ab, HCV Ag, or HCV NAT followed by a (+) of any of these within 12 months

1

PATIENT HISTORY - ACUTE HEPATITIS B ONLY

CASE NAME: _____

INFECTION TIMELINE

Enter onset date in heavy box. Count forwards and backwards to calculate the probable exposure and communicable periods. Ask about exposures between those dates. For *Hepatitis B*, exposure period is **6 months to 6 weeks** prior to onset (onset-symptoms or, in the absence of symptoms, first positive lab prior to onset). Patient is infectious until clearance of HBsAg — about 60 days after onset of symptoms for most adults and indefinitely for carriers.

	EXPOSURE PERIOD			COMMUNICABLE	
	6 months prior to onset	3 months prior to onset	6 weeks prior to onset	ONSET	60 days after onset
Time from onset:					
Calendar dates:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Items in *italics* are interviewer instructions; items in **bold** indicate script prompts:

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

First, I would like to ask you a few questions about exposures you may have had in the **6 month to 6 week** period before the onset of illness. I will need to ask you questions about various items, including social contacts, sexual contacts, tattoos, piercings, and potential drug use. (Remind patient of date range collected from timeline.)

In the 6 months to 6 weeks before your onset of illness:

Yes No Unk

- ☐ ☐ ☐ Were you: A contact of a person with Hepatitis B?
If YES, type of contact:
☐ Sexual
☐ Needle
☐ Household (non-sexual)
☐ Other: _____
- ☐ ☐ ☐ Diabetic?
Diabetes Diagnosis Date: _____
If YES, (check all that apply)
☐ Use a blood glucose monitor
☐ Share a blood glucose monitor
☐ Inject Insulin
☐ Share syringes or needles
- ☐ ☐ ☐ Did you: Undergo hemodialysis?
- ☐ ☐ ☐ Have an accidental stick or puncture with a needle or other object contaminated with blood?
- ☐ ☐ ☐ Receive blood or blood products (transfusion)?
If YES, when? ____/____/____
- ☐ ☐ ☐ Receive any IV infusions or injections in the outpatient setting?
- ☐ ☐ ☐ Have other exposure to someone else's blood?
Specify: _____
- ☐ ☐ ☐ Were you: Employed in a medical or dental field involving direct contact with human blood?
If YES, frequency of direct blood contact:
☐ Frequent (several times weekly)
☐ Infrequent
- ☐ ☐ ☐ Employed as a public safety worker (fire, police, corrections) involving direct contact with human blood?
If YES, frequency of direct contact:
☐ Frequent (several times weekly)
☐ Infrequent

Yes No Unk

- ☐ ☐ ☐ Did you: Receive a tattoo?
If YES, where was it performed?
☐ Commercial/Parlor
☐ Correctional facility
☐ Self
☐ Other: _____
- ☐ ☐ ☐ Receive any body piercing (other than ear)?
If YES, where was it performed?
☐ Commercial/Parlor
☐ Correctional Facility
☐ Self
☐ Other: _____
- ☐ ☐ ☐ Did you: Have dental work or oral surgery?
Have any other surgery (other than oral)?
- ☐ ☐ ☐ Were you: Hospitalized?
If YES, name of Hospital: _____
A resident of a long-term care facility?
- ☐ ☐ ☐ Incarcerated for longer than 24 hours?
If YES, what type of facility?
☐ Prison
☐ Jail
☐ Juvenile Facility
- ☐ ☐ ☐ Did you: Inject drugs not prescribed by a doctor?
- ☐ ☐ ☐ Use street drugs but not inject?
- ☐ ☐ ☐ Have any sexual contact?
If YES, number of Male sexual partners?
☐ 0 ☐ 1 ☐ 2-5 ☐ >5 ☐ Unk
If YES, number of Female sexual partners?
☐ 0 ☐ 1 ☐ 2-5 ☐ >5 ☐ Unk
- ☐ ☐ ☐ During your lifetime, were you EVER:
Treated for sexually transmitted diseases?
If YES, year of most recent treatment: _____
Incarcerated for longer than 6 months?
If YES, year incarceration completed? _____
For how many months? _____

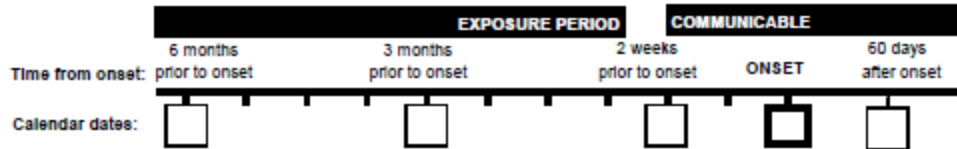
2

PATIENT HISTORY - ACUTE HEPATITIS C ONLY

CASE NAME: _____

INFECTION TIMELINE

Enter onset date in heavy box. Count forwards and backwards to calculate the probable exposure and communicable periods. Ask about exposures between those dates. For Hepatitis C, exposure period is 6 months to 2 weeks prior to onset; patient is infectious until clearance of HCV.



Items in *italics* are interviewer instructions; items in **bold** indicate script prompts.

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

First, I would like to ask you a few questions about exposures you may have had in the 6 month to 2 week period before your onset of illness. I will need to ask you questions about various items, including social contacts, sexual contacts, tattoos, piercings, and potential drug use. (Remind patient of date range collected from timeline.)

In the 6 months to 2 weeks before your onset of illness:

Yes	No	Unk		Yes	No	Unk	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you: A contact of a person with Hepatitis C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you: Receive a tattoo?
			If YES, type of contact:				If YES, where was it performed?
			<input type="checkbox"/> Sexual				<input type="checkbox"/> Commercial/Parlor
			<input type="checkbox"/> Needle				<input type="checkbox"/> Correctional facility
			<input type="checkbox"/> Household (non-sexual)				<input type="checkbox"/> Self
			<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receive any body piercing (other than ear)?
			Diabetes Diagnosis Date: _____				If YES, where was it performed?
			If YES, (check all that apply)				<input type="checkbox"/> Commercial/Parlor
			<input type="checkbox"/> Use a blood glucose monitor				<input type="checkbox"/> Correctional Facility
			<input type="checkbox"/> Share a blood glucose monitor				<input type="checkbox"/> Self
			<input type="checkbox"/> Inject Insulin				<input type="checkbox"/> Other: _____
			<input type="checkbox"/> Share syringes or needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you: Have dental work or oral surgery?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you: Undergo hemodialysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have any other surgery (other than oral)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have an accidental stick or puncture with a needle or other object contaminated with blood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you: Hospitalized?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receive blood or blood products (transfusion)?				If YES, name of Hospital: _____
			If YES, when? ____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A resident of a long-term care facility?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receive any IV infusions or injections in the outpatient setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incarcerated for longer than 24 hours?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have other exposure to someone else's blood?				If YES, what type of facility?
			Specify: _____				<input type="checkbox"/> Prison
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you: Employed in a medical or dental field involving direct contact with human blood?				<input type="checkbox"/> Jail
			If YES, frequency of direct blood contact:				<input type="checkbox"/> Juvenile Facility
			<input type="checkbox"/> Frequent (several times weekly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you: Inject drugs not prescribed by a doctor?
			<input type="checkbox"/> Infrequent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use street drugs but not inject?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employed as a public safety worker (fire, police, corrections) involving direct contact with human blood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have any sexual contact?
			If YES, frequency of direct contact:				If YES, number of Male sexual partners?
			<input type="checkbox"/> Frequent (several times weekly)				<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2-5 <input type="checkbox"/> >5 <input type="checkbox"/> Unk
			<input type="checkbox"/> Infrequent				If YES, number of Female sexual partners?
							<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2-5 <input type="checkbox"/> >5 <input type="checkbox"/> Unk
							During your lifetime, were you EVER:
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treated for sexually transmitted diseases?
							If YES, year of most recent treatment: _____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incarcerated for longer than 6 months?
							If YES, year incarceration completed? _____
							For how many months? _____

CONTACT MANAGEMENT

Items in italics are interviewer instructions; items in bold indicate script prompts: I would like you to think about the risk factors we discussed. Can you provide any contacts such as household, sexual, needle sharing, tattoo equipment sharing, and others you may have been in close contact with during the period before your illness onset (onset-symptoms or, in the absence of symptoms, first positive lab prior to onset)? (Remind patient of date range collected from timeline.) I assure you that your information will be kept confidential.

CONTACTS:	CONTACT FOLLOW-UP: (to be completed after interview)
<p>1. Name: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Age: _____</p> <p>Relation to case: (check all that apply)</p> <p><input type="checkbox"/> Household <input type="checkbox"/> Sexual <input type="checkbox"/> Needle sharing</p> <p><input type="checkbox"/> Tattoo equipment sharing</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Date of last exposure to contact: ____/____/____</p> <p>Address: _____ State: _____</p> <p>Phone number: (____) _____</p>	<p>1. Name: _____ Date of 1st attempt: ____/____/____</p> <p>Date of 2nd attempt: ____/____/____ Date of interview: ____/____/____</p> <p>Reason not interviewed: <input type="checkbox"/> Unable to contact <input type="checkbox"/> Refused</p> <p>Date of birth: ____/____/____ Occupation: _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Symptomatic, onset date: ____/____/____ <input type="checkbox"/> Asymptomatic</p> <p><input type="checkbox"/> Tested positive <input type="checkbox"/> Tested negative <input type="checkbox"/> Not tested</p> <p><input type="checkbox"/> Vaccinated <input type="checkbox"/> Not vaccinated</p> <p>Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> None, reason: _____</p>
<p>2. Name: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Age: _____</p> <p>Relation to case: (check all that apply)</p> <p><input type="checkbox"/> Household <input type="checkbox"/> Sexual <input type="checkbox"/> Needle sharing</p> <p><input type="checkbox"/> Tattoo equipment sharing</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Date of last exposure to contact: ____/____/____</p> <p>Address: _____ State: _____</p> <p>Phone number: (____) _____</p>	<p>2. Name: _____ Date of 1st attempt: ____/____/____</p> <p>Date of 2nd attempt: ____/____/____ Date of interview: ____/____/____</p> <p>Reason not interviewed: <input type="checkbox"/> Unable to contact <input type="checkbox"/> Refused</p> <p>Date of birth: ____/____/____ Occupation: _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Symptomatic, onset date: ____/____/____ <input type="checkbox"/> Asymptomatic</p> <p><input type="checkbox"/> Tested positive <input type="checkbox"/> Tested negative <input type="checkbox"/> Not tested</p> <p><input type="checkbox"/> Vaccinated <input type="checkbox"/> Not vaccinated</p> <p>Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> None, reason: _____</p>
<p>3. Name: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Age: _____</p> <p>Relation to case: (check all that apply)</p> <p><input type="checkbox"/> Household <input type="checkbox"/> Sexual <input type="checkbox"/> Needle sharing</p> <p><input type="checkbox"/> Tattoo equipment sharing</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Date of last exposure to contact: ____/____/____</p> <p>Address: _____ State: _____</p> <p>Phone number: (____) _____</p>	<p>3. Name: _____ Date of 1st attempt: ____/____/____</p> <p>Date of 2nd attempt: ____/____/____ Date of interview: ____/____/____</p> <p>Reason not interviewed: <input type="checkbox"/> Unable to contact <input type="checkbox"/> Refused</p> <p>Date of birth: ____/____/____ Occupation: _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Symptomatic, onset date: ____/____/____ <input type="checkbox"/> Asymptomatic</p> <p><input type="checkbox"/> Tested positive <input type="checkbox"/> Tested negative <input type="checkbox"/> Not tested</p> <p><input type="checkbox"/> Vaccinated <input type="checkbox"/> Not vaccinated</p> <p>Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> None, reason: _____</p>
<p>4. Name: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Age: _____</p> <p>Relation to case: (check all that apply)</p> <p><input type="checkbox"/> Household <input type="checkbox"/> Sexual <input type="checkbox"/> Needle sharing</p> <p><input type="checkbox"/> Tattoo equipment sharing</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Date of last exposure to contact: ____/____/____</p> <p>Address: _____ State: _____</p> <p>Phone number: (____) _____</p>	<p>4. Name: _____ Date of 1st attempt: ____/____/____</p> <p>Date of 2nd attempt: ____/____/____ Date of interview: ____/____/____</p> <p>Reason not interviewed: <input type="checkbox"/> Unable to contact <input type="checkbox"/> Refused</p> <p>Date of birth: ____/____/____ Occupation: _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Symptomatic, onset date: ____/____/____ <input type="checkbox"/> Asymptomatic</p> <p><input type="checkbox"/> Tested positive <input type="checkbox"/> Tested negative <input type="checkbox"/> Not tested</p> <p><input type="checkbox"/> Vaccinated <input type="checkbox"/> Not vaccinated</p> <p>Education provided: <input type="checkbox"/> Yes <input type="checkbox"/> None, reason: _____</p>

Thank you for your patience and providing your information. As a reminder, your information will be kept confidential. Please give me a moment to review. This information is very useful to prevent further transmission. (Continue to next page)

COMPLETE FOR ALL HEPATITIS CASE CLASSIFICATIONS CASE NAME: _____

EDUCATION AND PREVENTION MEASURES

Yes No N/A

☐ ☐ ☐ Did patient complete 3-shot Hepatitis B vaccine series?

If YES, Vaccine Type _____ Date _____ Provider/Phone _____

Verified ☐ Yes ☐ No

☐ ☐ ☐ If NO, Hepatitis B vaccination recommended?

☐ Yes, recommended

☐ No, specify reason: _____

☐ ☐ ☐ Hepatitis A vaccination recommended?

☐ ☐ ☐ Is patient pregnant?

If YES, refer patient to perinatal coordinator (see public health action list below).

☐ ☐ ☐ If case is less than 2 years old, was Hepatitis B acquired as a result of perinatal transmission?

If YES, Mother's name: _____

☐ ☐ ☐ Did patient donate blood products, organs, or tissue? (including ova and semen)

If YES, Date: _____/_____/_____ Location: _____

☐ ☐ ☐ Case education provided on? (Check all that apply)

☐ Tested for HIV

☐ Not donating blood products, organs, or tissue while infected? (including ova and semen)

☐ Measures to avoid transmission

☐ Avoidance of liver toxins (e.g., alcohol, Tylenol)

☐ For females, counseling on need for follow-up on any future pregnancies

☐ For healthcare workers, counseling on safety and transmission

☐ Possibility of chronic infection from acute status (i.e., ongoing infection)

☐ ☐ ☐ Other education provided?

If YES, specify: _____

PUBLIC HEALTH ACTIONS

(Check all that apply)

☐ Prophylaxis (HBIG) of appropriate contacts recommended

Number recommended prophylaxis: _____

☐ Vaccination of appropriate contacts recommended

Number recommended vaccination: _____

☐ Contact management follow-up completed

☐ Pregnant patient referred to Perinatal Coordinator


Estimated Date of Delivery: _____/_____/_____

Perinatal Case Number: _____

NOTES & COMMENTS

Investigator: _____ Phone: (____) _____ Investigation complete date: _____/_____/_____

Provider Records Request Letter



TN Department of Health

Your Health Department Address:
Your Name:
Your Phone Number and Your Fax Number:
Your Email:

Name of Provider
Address
City, TN Zip **Today's Date**

The Health Department has been notified by your lab of a positive hepatitis test for the following patient:

Patient: _____ DOB: _____
Date of Lab(s): _____

Test result(s) received (tick all that apply):

- HBV
 - ☐ Hepatitis B surface antigen (HBsAg)
 - ☐ IgM antibody to hepatitis B core antigen (IgM anti-HBc)
 - ☐ Other (specify): _____
- HCV
 - ☐ HCV antibody (anti-HCV)
 - ☐ Hepatitis C RNA (qualitative, quantitative, or genotype)
 - ☐ HCV antigen (HCV Ag)
 - ☐ Other (specify): _____

Acute hepatitis B and acute hepatitis C are diseases that are reportable under the Tennessee Department of Health Notifiable Disease List as defined by CDC.
Tennessee Provider Reportable Diseases, 2017:
https://apps.health.tn.gov/ReportableDiseases/Common/2017_List_For_Healthcare_Providers.pdf
Tennessee Laboratory Reportable Diseases, 2017:
https://apps.health.tn.gov/ReportableDiseases/Common/2017_List_For_Laboratories.pdf

We are requesting further information in order to define this illness as either acute, chronic, or not a case.

Does this patient have a history of Hepatitis B or Hepatitis C? (tick all that apply)

- ☐ Yes, Hepatitis B; If so, chronic or acute (specify): _____
- ☐ Yes, Hepatitis C; If so, chronic or acute (specify): _____
- ☐ No.

What is the pregnancy status on this individual?

- ☐ Pregnant; Estimated Due Date: _____
- ☐ Not Pregnant

Additionally, we are requesting the following medical record(s) and/or lab report(s) (tick all that apply):


<input type="checkbox"/> Hospital History and Physical (if applicable)	<input type="checkbox"/> Clinical Symptoms
<input type="checkbox"/> Hospital Discharge Summary (if applicable)	<input type="checkbox"/> Office Visit or ER Notes
<input type="checkbox"/> Lab Reports:	<input type="checkbox"/> Patient Demographics
<input type="checkbox"/> Liver Function Tests (AST, ALT)	<input type="checkbox"/> Reason for Testing
<input type="checkbox"/> Hepatitis Panels (entire panel)	<input type="checkbox"/> Other Lab Reports (as indicated)
<input type="checkbox"/> Other: _____	

If the patient has acute hepatitis, we will contact the patient to obtain information about risk factors. **Please email or fax this form and the requested information to the email or fax number at the top of this page.** Thank you very much for your assistance in completing this case investigation.

Sincerely,

Your Name / Title

Provider Records Request Letter for HBV Positive Females of Reproductive Age

	
Your Health Department Address:	
Your Name:	
Your Phone Number and Your Fax Number:	
Your Email:	
Name of Provider	
Address	
City, TN Zip	Today's Date

The Health Department has been notified by your lab of a positive test for Hepatitis B surface antigen (HBsAg) on a woman of reproductive age (11-50) with a known history of hepatitis B.

The Tennessee Department of Health follows up with each positive HBsAg lab to determine the patient's pregnancy status. HBsAg testing during pregnancy is required and positive labs are reportable under the Tennessee Department of Health Notifiable Disease List as defined by CDC.

Tennessee Provider Reportable Diseases, 2017:
https://apps.health.tn.gov/ReportableDiseases/Common/2017_List_For_Healthcare_Providers.pdf

Tennessee Laboratory Reportable Diseases, 2017:
https://apps.health.tn.gov/ReportableDiseases/Common/2017_List_For_Laboratories.pdf

We are requesting further information in order to establish pregnancy status of your patient.

Patient: _____ DOB: _____
Date of Lab(s): _____

What is the pregnancy status on this individual?
☐ Pregnant; Estimated Due Date: _____
☐ Not Pregnant

If the patient is determined to be pregnant, we will forward this information to the public health nursing coordinator in your region for case management, and s/he may reach out to you for additional information.

Please email or fax this completed form to the email or fax number at the top of this page.

Thank you very much for your assistance in completing this case investigation.

Sincerely,

Your Name / Title

Letter for Contacts to Acute HBV or Acute HCV Cases



Your Health Department Address

Your Name:

Your Phone Number and Your Fax Number:

Your Email:

Name of Person

Address

City, TN Zip

Today's Date

This letter is to notify you of either a possible exposure to hepatitis or infection with hepatitis virus. Hepatitis virus infects the liver and if not managed properly, can lead to other medical complications such as liver failure, liver cancer, or even death. Infected persons can develop long term infections and unknowingly spread it to others.

Early signs and symptoms of infection include: abdominal pain, fever, fatigue, loss of appetite, nausea, vomiting, yellowing of skin or eyes (jaundice), dark urine, abdominal pain, joint pain and clay-colored stools. However, some infected persons have **NO symptoms**.

There are three common types of hepatitis, A, B, and C. Hepatitis B virus can be spread by sexual contact through exposure to infected body fluids or blood. Examples include exposures to needles or lancets, receiving tattoos or body-piercings from poorly sterilized equipment, and sharing items such as razors or toothbrushes. It also can be spread from infected mothers to their newborns during the birth process and to unvaccinated household members.

There is an effective vaccine to prevent Hepatitis B infection. If there are any unvaccinated or incompletely vaccinated persons living in your household, we strongly recommended that they report to the local health department or their primary care physician for testing and vaccination.

If I can be of help in answering questions for you, please call my office at _____.

Sincerely,

Your Name/ Title

Public Health Authority Letter



Your Health Department Address:

Your Name:

Your Phone Number and Your Fax Number:

Your Email:

Today's Date

To Whom It May Concern:

This letter is to address any questions or concerns that may arise regarding public health investigation and surveillance activities and rules as they relate to patient privacy protection. The Communicable and Environmental Diseases and Emergency Preparedness section (CEDEP) of the Tennessee Department of Health (TDH) conducts surveillance for a number of communicable diseases and other public health threats in its capacity as a public health authority as defined by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information; Final Rule (Privacy Rule) [45 CFR §164.501].

The authority to conduct surveillance, which may include patient or provider interviews, and examination of isolates and/or medical record reviews, comes from the Communicable Diseases Rules of the Tennessee Code Annotated. Under the law the Commissioner of Health delegates authority to the Chief Medical Officer to "make sanitary inspections and inquiries respecting the causes of diseases..." (TCA 68-1-104[2]). The Rules state that the health officer or designee shall "establish a complete epidemiological investigation to include (but not limited to) review of appropriate medical and laboratory records, interviews of affected persons and controls, and record the findings on a communicable disease field report." "Medical records shall be made available when requested, for inspection and copying of, by a duly authorized representative of the Department while in the course of investigating a reportable disease under these regulations." (1200-14-1-15).

Pursuant to 45 CFR §164.512(b) of the Privacy Rule, covered entities such as hospitals may disclose, without individual authorization, protected health information to public health authorities "...authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions..."

Thank you for your continued cooperation in these surveillance efforts, and contributions to our shared mission of protecting the health of our population. Please let me know if you have any questions.

Sincerely,

Your Name / Title

VA Medical Record Request



COMMUNICABLE AND ENVIRONMENTAL DISEASES AND EMERGENCY PREPAREDNESS

4th FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243

Date: _____
To: Veteran's Administration at: _____
Attention: Release of Information Office

Re: (Veteran's Full Name): _____
Date of Birth: (mm/dd/yyyy): _____
Social Security Number (if known): _____

The Tennessee Department of Health is conducting a public health disease investigation of the above named patient, under our authority to "make sanitary inspections and inquiries respecting the causes of diseases..." (TCA 68-1-104[2]). The Rules state that the health officer or designee shall "establish a complete epidemiological investigation to include (but not limited to) review of appropriate medical and laboratory records, [and] interviews of affected persons and controls." "Medical records shall be made available when requested, for inspection and copying of, by a duly authorized representative of the Department while in the course of investigating a reportable disease under these regulations." (1200-14-1-15). Pursuant to 45 CFR §164.512(b) of the Privacy Rule, covered entities such as hospitals may disclose, without individual authorization, protected health information to public health authorities "...authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions..."

I am requesting this information under the authority delegated to me by the Tennessee Department of Health as outlined in the attached letter. De-identified information will not suffice for this purpose.

Specific information requested (types of records):

Applicable dates: (mm/dd/yyyy through mm/dd/yyyy): _____

Please send these records to me at: _____

Thank you for your cooperation.

Sincerely,

(Name, position, contact information)



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

March 8, 2016



Re: Release of VA records for TDI investigations of notifiable diseases

Dear [REDACTED]:

Pursuant to the duties of the Tennessee Department of Health required by the Tennessee Code Annotated 68-1-104(2), to investigate reportable diseases, I specifically authorize and designate any TDH employee actively involved in the investigation of these diseases or conditions to request and obtain records in the custody of the Department of Veterans Affairs pursuant to 5 U.S.C. 552(b)(7).

This authorization extends to any TDH medical care provider, disease investigator, epidemiologist, or staff performing their duties as defined by the Tennessee Code Annotated 68-1-104(2), and includes patient files, records, reports and demographic information in the possession of the Department of Veterans Affairs.

A photocopy of this designation may accompany any such written request for records as necessitated by 5 U.S.C. 552(b)(7). It is our expectation that requests for information will be responded to expeditiously to aid in urgent public health investigations, and prevent unnecessary morbidity and mortality.


Sincerely,

John J. Dreyzehner, MD, MPH, FACOEM
Commissioner

JJD/TJ/ls

5th Floor, Andrew Johnson Tower
710 James Robertson Parkway * Nashville, TN 37243
(615) 741-3111 * www.tn.gov/health

PH-1600 Form

	<p>This form is available online at: https://is.ed/TNReportableDiseases. The form may be faxed to the TDH Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) Division at 615-741-3857 at the state health department. To fax directly to the local or regional health office refer to http://tn.gov/health/topic/localdepartments. For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006. For more specific details, refer to the Tennessee Department of Health Reportable Diseases website at https://apps.health.tn.gov/ReportableDiseases.</p>																																																														
<p>Directions for Providers:</p>	<table border="1"> <tr> <td data-bbox="797 401 818 548" rowspan="4">Provider & Report</td> <td data-bbox="829 401 1133 422">Disease/Event:</td> <td data-bbox="1149 401 1393 422">Date of Report: ____/____/____</td> </tr> <tr> <td data-bbox="829 432 1133 453">Reporter Name:</td> <td data-bbox="1149 432 1393 453">Phone:</td> </tr> <tr> <td colspan="2" data-bbox="829 464 1393 485">Lab Report: <input type="checkbox"/> Attached <input type="checkbox"/> Not Tested <input type="checkbox"/> Report Unavailable</td> </tr> <tr> <td colspan="2" data-bbox="829 495 1393 516">Provider Name:</td> </tr> <tr> <td colspan="2" data-bbox="829 527 1393 548">Phone:</td> <td data-bbox="1149 527 1393 548">Fax:</td> </tr> <tr> <td colspan="2" data-bbox="829 558 1393 579">Facility:</td> <td data-bbox="1149 558 1393 579">County:</td> </tr> <tr> <td data-bbox="797 590 818 779" rowspan="7">Patient Demographics</td> <td colspan="2" data-bbox="829 590 1393 611">Patient Name:</td> </tr> <tr> <td data-bbox="829 621 1133 642">Date of Birth: ____/____/____</td> <td data-bbox="1149 621 1393 642">Race:</td> </tr> <tr> <td data-bbox="829 653 1133 674">*Age: ____ <input type="checkbox"/> Months</td> <td data-bbox="1149 653 1393 674"><input type="checkbox"/> American Indian/ Alaskan</td> </tr> <tr> <td data-bbox="829 684 1133 705">Gender:</td> <td data-bbox="1149 684 1393 705"><input type="checkbox"/> Asian</td> </tr> <tr> <td data-bbox="829 716 1133 737"><input type="checkbox"/> Male</td> <td data-bbox="1149 716 1393 737"><input type="checkbox"/> Black/ African American</td> </tr> <tr> <td data-bbox="829 747 1133 768"><input type="checkbox"/> Female</td> <td data-bbox="1149 747 1393 768"><input type="checkbox"/> Hawaiian/ Pacific Islander</td> </tr> <tr> <td data-bbox="829 779 1133 800"><input type="checkbox"/> Unknown</td> <td data-bbox="1149 779 1393 800"><input type="checkbox"/> White</td> </tr> <tr> <td colspan="2" data-bbox="829 810 1393 831">Ethnicity:</td> <td data-bbox="1149 810 1393 831"><input type="checkbox"/> Unknown</td> </tr> <tr> <td colspan="3" data-bbox="829 842 1393 863">Street Address:</td> </tr> <tr> <td colspan="2" data-bbox="829 873 1393 894">City:</td> <td data-bbox="1149 873 1393 894">State:</td> </tr> <tr> <td colspan="2" data-bbox="829 905 1393 926">County:</td> <td data-bbox="1149 905 1393 926">Zip Code:</td> </tr> <tr> <td colspan="3" data-bbox="829 936 1393 957">Phone:</td> </tr> <tr> <td data-bbox="797 968 818 1052" rowspan="5">Clinical Information</td> <td colspan="2" data-bbox="829 968 1393 989">Illness Onset Date: ____/____/____</td> </tr> <tr> <td data-bbox="829 999 1133 1020">Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> <td data-bbox="1149 999 1393 1020">Hospital Name: _____</td> </tr> <tr> <td data-bbox="829 1031 1133 1052">Admission Date: ____/____/____</td> <td data-bbox="1149 1031 1393 1052">Discharge Date: ____/____/____</td> </tr> <tr> <td data-bbox="829 1062 1133 1083">Hepatitis symptoms? ^m</td> <td data-bbox="1149 1062 1393 1083"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> </tr> <tr> <td data-bbox="829 1094 1133 1115">Fever? ^m tick-borne diseases only</td> <td data-bbox="1149 1094 1393 1115"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> </tr> <tr> <td colspan="2" data-bbox="829 1125 1393 1146">Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> <td data-bbox="1149 1125 1393 1146">Died? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> </tr> <tr> <td colspan="3" data-bbox="829 1157 1393 1178">Comments:</td> </tr> </table>	Provider & Report	Disease/Event:	Date of Report: ____/____/____	Reporter Name:	Phone:	Lab Report: <input type="checkbox"/> Attached <input type="checkbox"/> Not Tested <input type="checkbox"/> Report Unavailable		Provider Name:		Phone:		Fax:	Facility:		County:	Patient Demographics	Patient Name:		Date of Birth: ____/____/____	Race:	*Age: ____ <input type="checkbox"/> Months	<input type="checkbox"/> American Indian/ Alaskan	Gender:	<input type="checkbox"/> Asian	<input type="checkbox"/> Male	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Female	<input type="checkbox"/> Hawaiian/ Pacific Islander	<input type="checkbox"/> Unknown	<input type="checkbox"/> White	Ethnicity:		<input type="checkbox"/> Unknown	Street Address:			City:		State:	County:		Zip Code:	Phone:			Clinical Information	Illness Onset Date: ____/____/____		Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Hospital Name: _____	Admission Date: ____/____/____	Discharge Date: ____/____/____	Hepatitis symptoms? ^m	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Fever? ^m tick-borne diseases only	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Died? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Comments:		
Provider & Report			Disease/Event:	Date of Report: ____/____/____																																																											
	Reporter Name:		Phone:																																																												
	Lab Report: <input type="checkbox"/> Attached <input type="checkbox"/> Not Tested <input type="checkbox"/> Report Unavailable																																																														
	Provider Name:																																																														
Phone:		Fax:																																																													
Facility:		County:																																																													
Patient Demographics	Patient Name:																																																														
	Date of Birth: ____/____/____	Race:																																																													
	*Age: ____ <input type="checkbox"/> Months	<input type="checkbox"/> American Indian/ Alaskan																																																													
	Gender:	<input type="checkbox"/> Asian																																																													
	<input type="checkbox"/> Male	<input type="checkbox"/> Black/ African American																																																													
	<input type="checkbox"/> Female	<input type="checkbox"/> Hawaiian/ Pacific Islander																																																													
	<input type="checkbox"/> Unknown	<input type="checkbox"/> White																																																													
Ethnicity:		<input type="checkbox"/> Unknown																																																													
Street Address:																																																															
City:		State:																																																													
County:		Zip Code:																																																													
Phone:																																																															
Clinical Information	Illness Onset Date: ____/____/____																																																														
	Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Hospital Name: _____																																																													
	Admission Date: ____/____/____	Discharge Date: ____/____/____																																																													
	Hepatitis symptoms? ^m	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																																																													
	Fever? ^m tick-borne diseases only	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																																																													
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Died? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																																																													
Comments:																																																															
<p>Directions for Laboratories:</p>																																																															
<ul style="list-style-type: none"> Laboratories should report to public health via electronic laboratory reporting or a printed laboratory report. Complete this form only if the patient demographics or provider contact information are unavailable in the laboratory report. The clinical information section is not required for laboratory reporting. The required data elements for laboratory reporting are below: <ul style="list-style-type: none"> Patient demographics (shown on the right, including address) Ordering provider and facility: name, phone number, address Performing laboratory name, phone number, and address Reporting facility name, phone number, address Date of the laboratory report Test performed Accession number Specimen and collection date Result, interpretation (quantitative and qualitative), and reference range 																																																															
<p>Reportable Diseases and Events are declared to be communicable and/or dangerous to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee (T.C.A. §68 Rule 1200-14-01-.02).</p>																																																															
<p>PH-1600 (REV.11/2016)</p>	<p>RDA-2094</p>																																																														

PH-1600 REDCap Reporting Link: <https://redcap.health.tn.gov/>

Accurint Record Search Request Form

Accurint Record Search Request Form			
Today's Date:			
Please submit the following information. You can expect a response within 2 business days (if the contact person is working in the office). Please <u>review the request policy</u> (on page 2) before submitting this form.			
Staff Name/Title:	Phone (xxx-xxx-xxx):	Email Address:	Office Address:
Prism Profile ID # (or Patient Name, DOB, etc.) ¹ :	Patient Type:	Specific locating information needed ² :	Reason for request/ brief description of attempts to contact patient ³ :
	<input type="checkbox"/> 900 case/ contact <input type="checkbox"/> Early 700 case/ contact <input type="checkbox"/> Pregnant case <input type="checkbox"/> Pregnant contact <input type="checkbox"/> Congenital case <input type="checkbox"/> Congenital contact		
Supervisor:	Supervisor Phone:	Supervisor Email:	Notes:
1. If the patient is not listed in Prism, any locating and/ or demographic information you have for the patient (date of birth, race/ethnicity, past phone numbers, places of employment, etc.). 2. If you are in need of specific information please indicate what information is being requested e.g., email address, vehicle description, spouse name. Otherwise, you will only receive address and phone number information. 3. Please indicate what methods of location have already been attempted so the Accurint researcher is more deliberate about the information s/he attempts to retrieve.			

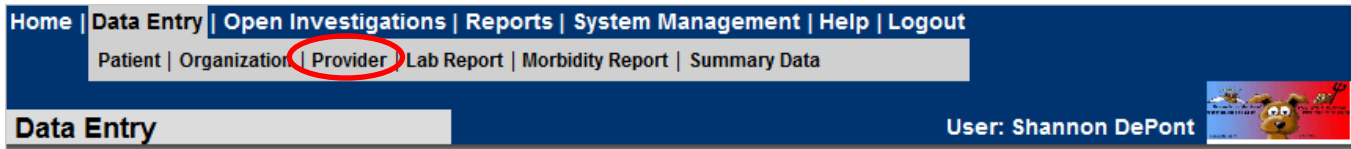
Please send any Accurint requests to Jennifer Black securely at Jennifer.Black@tn.gov

Appendix C:
Adding Providers/Organizations and NBS and Lab Translator

Data Entry: Adding Providers

Note a Provider within NBS is both a Physician (Medical Provider) and an Investigator (i.e. NBS Investigator). Please enter them as follows:

1. From NBS Home page choose Data Entry then Provider:



2. Under Search Criteria search for the Provider using their name followed by Submit button:

This screenshot shows the 'Find Provider' search interface. At the top is a navigation bar with the same menu as the previous screenshot. Below it is a grey box labeled 'Find Provider' and the user name 'User: Shannon DePont'. The main form area has a dark blue header 'Search Criteria'. It contains two columns: 'Operators' and 'Search Criteria'. The 'Operators' column has dropdown menus for 'Last Name', 'First Name', 'Street Address', and 'City', all set to 'Contains'. The 'Search Criteria' column has text input fields for 'Last Name' (containing 'Knape'), 'First Name' (containing 'Leslie'), 'Street Address', 'City', 'State' (a dropdown menu), 'Zip', 'Telephone' (a three-part field), 'ID Type' (a dropdown menu), and 'Value'. At the bottom right of the form is a 'Submit' button, which is a circular icon with a red circle around it.

3. The search will return no results and the option to Add the Provider:

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Search Results User: Shannon DePont

[New Search](#) | [Refine Search](#)

Add

Your Search Criteria: Last Name Contains 'Knope', First Name Contains 'Leslie' resulted in 0 possible matches.
Would you like to [refine your search?](#)

Full Name	Address	Telephone	ID
There is no information to display			

Add

4. Fill in corresponding information then Submit
- a. NBS Investigator
 - i. Quick Code
 - ii. First and Last name
 - b. Physician (Medical Professional):
 - i. First and Last name
 - ii. Address
 - iii. Phone number
 - iv. Other demographics

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Add Provider User: Shannon DePont

Submit Cancel

[Administrative Information](#) | [Name](#) | [Identification Information](#) | [Address Information](#) | [Telephone Information](#)

Administrative Information [Back to Top](#)

Quick Code: K80

Role: (Use Ctrl to select more than one)
Consulting Provider (Copies To)
Counselor
Health Officer
Lab Technician

General Comments:

Name [Back to Top](#)

Prefix:

Last Name: Knope First Name: Leslie

Middle Name:

Suffix:

Degree:

5. Once new Provider has been submitted the below screen will display:

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

View Provider User: Shannon DePont

Provider ID: PSN12563035TN01

[Edit](#) [Add](#) [Inactivate](#)

[Administrative Information](#) | [Name](#) | [Identification Information](#) | [Address Information](#) | [Telephone Information](#)

Administrative Information [Back to Top](#)

Quick Code: K80
Role:
General Comments:

Name [Back to Top](#)

Prefix:
Last Name: Knope First Name: Leslie
Middle Name:
Suffix:
Degree:

Identification Information [Back to Top](#)

Type	Authority	Value
Type:		
Assigning Authority:		
ID Value:		

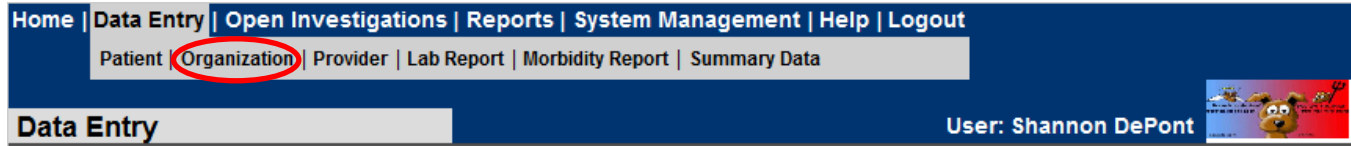
Address Information [Back to Top](#)

Use	Address	City	State	Zip
Use:				
Type:				
Street Address 1:				
Street Address 2:				
City:			State:	

Data Entry: Adding Organizations

Note an Organization within NBS is both Laboratory and a Medical Facility. Please enter them as follows:

1. From NBS Home page choose Data Entry then Organization:

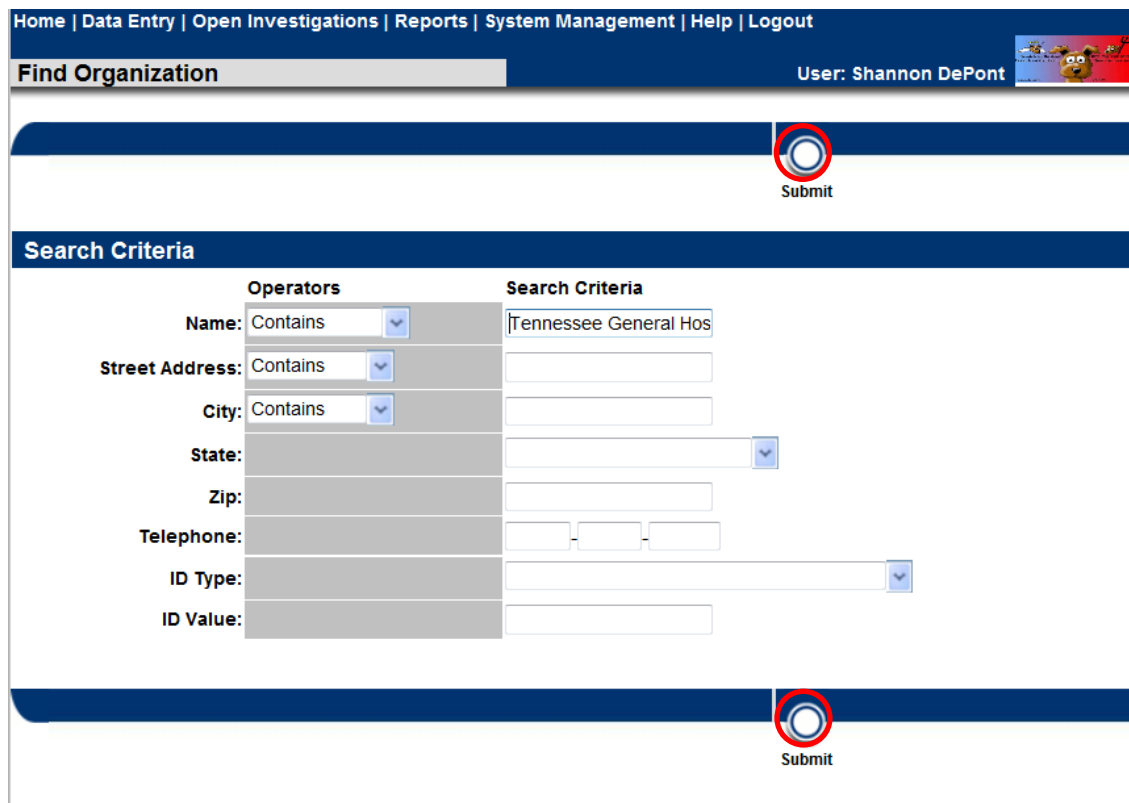


Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Patient | **Organization** | Provider | Lab Report | Morbidity Report | Summary Data

Data Entry User: Shannon DePont

2. Under Search Criteria search for the Organization using the facilities name or address followed by Submit button:



Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Find Organization User: Shannon DePont

Submit


Search Criteria

	Operators	Search Criteria
Name:	Contains	Tennessee General Hos
Street Address:	Contains	
City:	Contains	
State:		
Zip:		
Telephone:		
ID Type:		
ID Value:		


Submit

3. The search will return no results and the option to Add the Organization:

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout


Search Results User: Shannon DePont 

[New Search](#) | [Refine Search](#)


Add

Your Search Criteria: Name Contains 'Tennessee General Hospital' resulted in 0 possible matches.
Would you like to [refine your search?](#)

Name	Address	Telephone	ID
There is no information to display			


Add

4. Fill in corresponding information then Submit
 - a. Laboratory
 - i. Quick Code
 - ii. Lab's name
 - iii. Address
 - iv. Phone number
 - b. Medical Facility:
 - i. Medical Facility's name
 - ii. Address
 - iii. Phone number

[Home](#) | [Data Entry](#) | [Open Investigations](#) | [Reports](#) | [System Management](#) | [Help](#) | [Logout](#)

Add Organization
User: Shannon DePont

Submit Cancel

[Administrative Information](#) | [Name](#) | [Identification Information](#) | [Address Information](#) | [Telephone Information](#)

Administrative Information
[Back to Top](#)

Quick Code:

Standard Industry Class:

Role:

(Use Ctrl to select more than one)
 Allergy clinic
 Amputee clinic
 Bone marrow transplant clinic
 Bone marrow transplant unit

General Comments:

Name
[Back to Top](#)

Organization Name: Tennessee General Hos

Identification Information
[Back to Top](#)

Type	Authority	Value
ID Type:	(Required for Add/Update Identification)	<input type="text"/>
Assigning Authority:		<input type="text"/>
ID Value:	(Required for Add/Update Identification)	<input type="text"/>

Add Identification

5. Once new Organization has been submitted the below screen will display:

[Home](#) | [Data Entry](#) | [Open Investigations](#) | [Reports](#) | [System Management](#) | [Help](#) | [Logout](#)

View Organization User: Shannon DePont

Organization ID: ORG11171000TN01

Edit

Add

Inactivate

[Administrative Information](#) | [Name](#) | [Identification Information](#) | [Address Information](#) | [Telephone Information](#)

Administrative Information [Back to Top](#)

Quick Code:
Standard Industry Class:
Role:
General Comments:

Name [Back to Top](#)

Organization Name: Tennessee General Hospitals

Identification Information [Back to Top](#)

Type	Authority	Value
ID Type:		
Assigning Authority:		
ID Value:		

Data Entry: Lab Translator for Entering a Laboratory Report

On the sheet	Ordered Test	Resulted Test	Where	How
Hep C				
HCV RNA Quant	Hepatitis C virus, RNA	Hepatitis C virus, RNA	Numeric Result	Write in number
*HCV RNA Log	Hepatitis C virus, RNA	Hepatitis C virus, RNA	Text Result	Write 'HCV RNA Log'
HCV RNA, PCR, QN	Hepatitis C virus, RNA	Hepatitis C virus, RNA	Numeric Result	Write in number
HCV PCR	Hepatitis C virus, RNA	Hepatitis C virus, RNA	Coded Result	Drop down 'Detected'
HCV RNA Viral Load	Hepatitis C virus, RNA	Hepatitis C virus, RNA	Numeric Result	Write in number
HCV RNA, Qualitative	Hepatitis C virus, RNA	Hepatitis C virus, RNA	Coded Result	Drop down 'Positive', 'Reactive' or ' Negative '
HCV NAT (Qualitative)	Hepatitis C virus, RNA	Hepatitis C virus, RNA	Coded Result	Drop down 'Positive', 'Reactive' or ' Negative '
HCV NAT (Quantitative)	Hepatitis C virus, RNA	Hepatitis C virus, RNA	Numeric Result	Write in number
HCV Genotype, LiPA	Hepatitis C Virus (HCV), Genotyping	Hepatitis C Virus (HCV), Genotyping	Text Result	Write '1b', '1a', '3a',
Hep C Ab > 11.0	Hepatitis C Virus (HCV) Antibody	Hepatitis C virus (HCV), Antibody	Coded Result	Drop down 'Positive' or 'Reactive'
ANTI-HCV (HEPATITIS C) > 11.0	Hepatitis C Virus (HCV) Antibody	Hepatitis C virus (HCV), Antibody	Coded Result	Drop down 'Positive' or 'Reactive'
Hepatitis C Antibody (HCV) IgG	Hepatitis C Virus (HCV) Antibody	Hepatitis C virus (HCV), Antibody	Coded Result	Drop down 'Positive' or 'Reactive'
HCV EIA	Hepatitis C Virus (HCV) Antibody	Hepatitis C Virus (HCV), Antibody	Coded Result	Drop down 'Positive' or 'Reactive'
ALT (Liver Test)	Alanine Aminotransferase (ALT/GPT/SGPT)	Alanine Aminotransferase (ALT/GPT/SGPT)	Numeric Result	Write in number
AST (Liver Test)	Aspartate Aminotransferase (AST, SGOT, GOT)	Aspartate Aminotransferase (AST/ SGOT/ GOT)	Numeric Result	Write in number
HCV Ag	HCV Ag	HCV Ag	Coded Result	Drop down 'Positive', 'Reactive' or ' Negative '

On the sheet	Ordered Test	Resulted Test	Where	How
Hep B				
Hepatitis B Surface Antigen Confirmation	Hepatitis B Surface Antigen (HBsAg)	Hepatitis B virus Surface Antigen (HBsAg)	Text Result/Coded	Write in 'Confirmed' or drop down 'Positive' or 'Reactive'
HBsAg	Hepatitis B Surface Antigen (HBsAg)	Hepatitis B virus Surface Antigen (HBsAg)	Text Result/Coded	Write in 'Confirmed' or drop down 'Positive' or 'Reactive'
Hepatitis B Surface Antibody, Qualitative	Hepatitis B Surface Antibody (HBsAb)	Hepatitis B virus Surface Antibody (HBsAb)	Text Result/Coded	Write in 'Confirmed' or drop down 'Positive' or 'Reactive'
HBV NAT (Qualitative)	Hepatitis B Virus, DNA	Hepatitis B Virus, DNA	Coded Result	Drop down 'Positive', 'Reactive' or 'Negative'
HBV NAT (Quantitative)	Hepatitis B Virus, DNA	Hepatitis B Virus, DNA	Numeric Result	Write in number
Hepatitis B Virus DNA PCR (Ultraquant) Interp.	Hepatitis B Virus, DNA	Hepatitis B Virus, DNA	Coded Result	Drop down 'Detected' (Ultraquant is still a coded qualitative-type result)
HBV Qnt by PCR (IU/mL)	Hepatitis B Virus, DNA	Hepatitis B Virus, DNA	Coded Result	Drop down 'Detected' (Ultraquant is still a coded qualitative-type result)
Hepatitis B DNA Log	Hepatitis B Virus, DNA	Hepatitis B Virus, DNA	Text Result	Write in 'Hep B DNA log'
Hepatitis B DNA Quant	Hepatitis B Virus, DNA	Hepatitis B Virus, DNA	Numeric Result	Write in number
**Hepatitis B DNA Qual	Hepatitis B Virus, DNA	Hepatitis B Virus, DNA	Coded Result	Drop down 'Positive'
<i>Hepatitis Be Antibody</i>	<i>Shred</i>	<i>Shred</i>	<i>N/A</i>	<i>N/A</i>
Hepatitis Be Antigen	Hepatitis Be virus Antigen (HBeAg)	Hepatitis B virus e antigen	Coded Result	Drop down 'Reactive'
Hepatitis B Core Ab	Hepatitis B virus core antibody	HEPATITIS B VIRUS CORE AB.IGM	Coded Result	Drop down 'Positive' or 'Reactive'
HBV DNA Viral Load	Hepatitis B Virus, DNA	Hepatitis B Virus, DNA	Numeric Result	Write in number
ALT (Liver Test)	Alanine Aminotransferase (ALT/GPT/SGPT)	Alanine Aminotransferase (ALT/GPT/SGPT)	Numeric Result	Write in number
AST (Liver Test)	Aspartate Aminotransferase (AST, SGOT, GOT)	Aspartate Aminotransferase (AST/ SGOT/ GOT)	Numeric Result	Write in number
IgM HBcAb	Hepatitis B virus core antibody	HEPATITIS B VIRUS CORE AB.IGM	Coded Result	Drop down 'Positive' or 'Reactive'

Notes		
* Only enter HCV RNA Log if HCV RNA Quant was not provided with same collection date.		
*When Q.A.ing HBV, DNA we would rather have a quant (number) than a qual (pos/confirmed/detected) result. You can skip entering a qual as long as a quant is entered (dates must be the same).		
*Nucleic Acid Test (NAT)/Nucleic Acid Amplification Test (NAAT): A molecular technique that tests for the presence of a virus or bacterium by testing for the presence of viral DNA (for HBV)/viral RNA (for HCV). <u>*NAT testing can be quantitative or qualitative. For HBV: NAT encompasses PCR and DNA tests. For HCV: NAT encompasses PCR, RNA, and genotype tests*</u>		

For an electronic version of the Lab Translator, please visit SharePoint or email Shannon De Pont at shannon.depont@tn.gov

Appendix D:
Viral Hepatitis Case Notifications Process

The procedures for creating a notification are changing in 2017 (see below for a detailed process). Central Office will now have final notification approval for cases that are sent to the CDC. The region will create a notification when the investigation is completed and ready for review at Central Office. Central Office will review the investigation, and if complete, will approve the notification for the case to be sent to CDC.

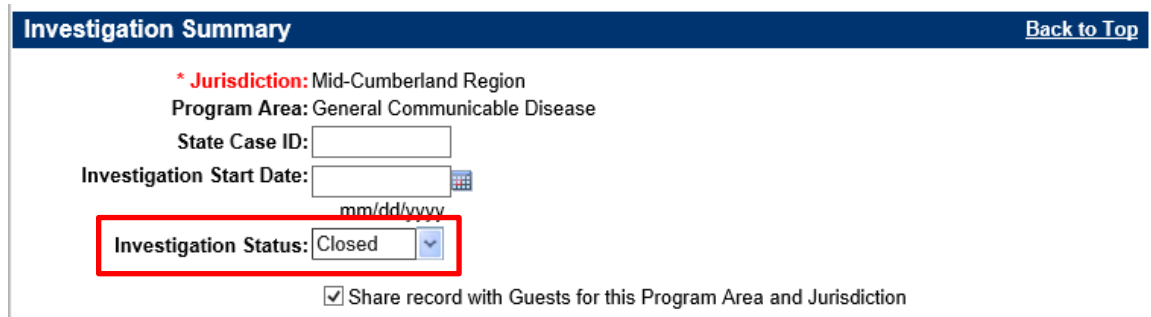
Do not create notifications on the following:

- Patients who are not residents of Tennessee
- Investigations with a case status of Unknown or Not a Case

Note: If notifications are created on the above, they will be rejected and fall out of the rejection queue after 14 days.

Case Notification Process in NBS

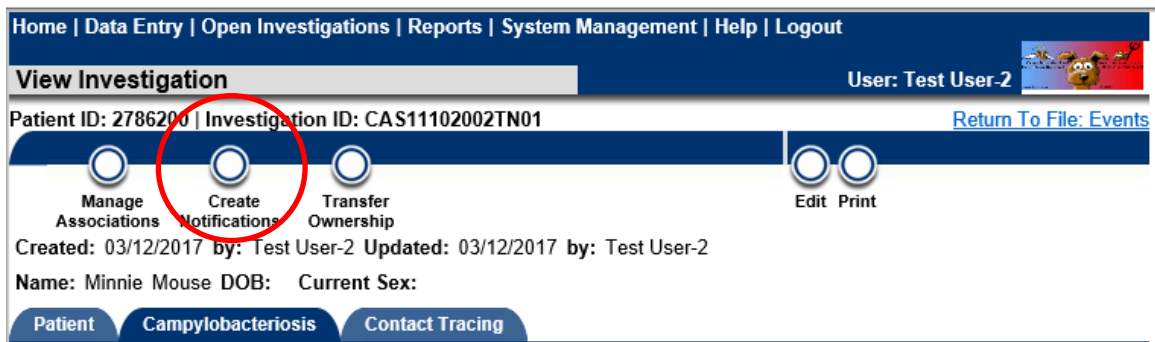
1. Complete the investigation and change the investigation status to Closed.



The screenshot shows the 'Investigation Summary' form. At the top right is a 'Back to Top' link. The form contains the following fields and options:

- * Jurisdiction:** Mid-Cumberland Region
- Program Area:** General Communicable Disease
- State Case ID:** [Text input field]
- Investigation Start Date:** [Date picker icon]
- Investigation Status:** Closed (This dropdown menu is highlighted with a red rectangle)
- ☒ Share record with Guests for this Program Area and Jurisdiction

2. Click on Create Notification. In the Comments box, add any additional details for the receiving Central Office program. Click Submit to send the notification. Note, if you create the Notification before you are ready for Central Office review, leave the investigation Open.



The screenshot shows the 'View Investigation' form. At the top is a navigation bar with links: Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout. The user is logged in as 'User: Test User-2'. The form displays the following information:

- Patient ID:** 2786200 | **Investigation ID:** CAS11102002TN01
- Return To File:** [Events](#)
- Actions:** Manage Associations, **Create Notifications** (highlighted with a red circle), Transfer Ownership, Edit, Print
- Created:** 03/12/2017 **by:** Test User-2 **Updated:** 03/12/2017 **by:** Test User-2
- Name:** Minnie Mouse **DOB:** **Current Sex:**
- Buttons:** Patient, Campylobacteriosis, Contact Tracing

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Create Notification User: Test User-2

Patient ID: 2786200 | Investigation ID: CAS11102002TN01

Investigation ID: CAS11102002TN01 Condition: Campylobacteriosis

Case Status: Confirmed

General Comments:

- The notification status will now show as Pending Approval (PEND_APPR) until the Central Office program has reviewed the investigation. Note, any comments entered when the notification was created will show.

Notifications Back to Top						
Status Change Date	Date Sent	Jurisdiction	Case Status	Status	Type	Recipient
03/12/2017		Mid-Cumberland Region	Confirmed	PEND_APPR	NND Individual Case Notification	CDC
Comments: Investigation is complete and closed.						

- If the notification is approved, the notification status will change to Approved. When the notification is in the process of being sent to CDC, the status will be Batch Processing. Once sent to CDC, the notification status will change to Completed, if there is no error.
- If the notification is rejected, the investigation will be listed in the Rejected Notifications Queue. Check the queue regularly, filtering on your name as Submitted By, to identify any investigations to review. To filter, click on the down arrow below Submitted By. Uncheck Select All, and then check only your name. Click OK.

My Queues -

- ☒ Rejected Notifications Queue (1)
- ☐ Documents Requiring Security Assignment (259)
- ☐ Documents Requiring Review (1009)

Results 1 to 1 of 1

Remove All Filters/Sorts									
Submit Date	Submitted By	Recipient	Type	Patient	Condition	Status	Rejected By	Comments	
03/12/2017	Test User-2	CDC	NND Individual Case Notification	Mouse, Minnie	Campylobacteriosis	Confirmed	Test User-3	Missing lab information.	

Results 1 to 1 of 1

☐ (Select All)

☒ Test User-2

- Note, the Comments field shows what needs revised for the investigation. Click on the hyperlink under Condition to go directly to the investigation to review. If you click on the patient name, you will be directed to the Summary tab for that patient, rather than the investigation. Clicking on the investigation will allow you to return to this list you just filtered.

Results 1 to 1 of 1

Remove All Filters/Sorts									
Submit Date	Submitted By	Recipient	Type	Patient	Condition	Status	Rejected By	Comments	
03/12/2017	Test User-2	CDC	NND Individual Case Notification	Mouse, Minnie	Campylobacteriosis	Confirmed	Test User-3	Missing lab information.	

Results 1 to 1 of 1

- Click Edit to make changes to the investigation. Click Submit when complete.

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

View Investigation User: Test User-2

Patient ID: 2786200 | Investigation ID: CAS11102002TN01 [Return to Rejected Notifications Queue](#)

Created: 03/12/2017 by: Test User-2 Updated: 03/12/2017 by: Test User-2

Name: Minnie Mouse DOB: Current Sex:

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Edit Investigation User: Test User-2

Patient ID: 2786200 | Investigation ID: CAS11102002TN01

Created: 03/12/2017 by: Test User-2 Updated: 03/12/2017 by: Test User-2

Name: Minnie Mouse DOB: Current Sex:

8. Send the notification to the Central Office again by clicking on Create Notification. Enter any comments in the comments box, and click Submit. The investigation will be returned to the Central Office to review again. The notification status will again show as Pending Approval. Any comments entered when the notification is resubmitted will show. All steps of the process will be logged in the Notification section of the investigation. Note, this section may be on different tabs for different conditions.

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

View Investigation User: Test User-2

Patient ID: 2786200 | Investigation ID: CAS11102002TN01 [Return to Rejected Notifications Queue](#)

Created: 03/12/2017 by: Test User-2 Updated: 03/12/2017 by: Test User-2

Name: Minnie Mouse DOB: Current Sex:

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Create Notification User: Test User-2

Patient ID: 2786200 | Investigation ID: CAS11102002TN01

Investigation ID: CAS11102002TN01 Condition: Campylobacteriosis

Case Status: Confirmed


General Comments:

Lab data have been entered.
 Investigation is updated.


Notifications Back to Top						
Status Change Date	Date Sent	Jurisdiction	Case Status	Status	Type	Recipient
<input type="checkbox"/> 03/12/2017		Mid-Cumberland Region	Confirmed	PEND_APPR	NND Individual Case Notification	CDC
Comments: Lab data have been entered. Investigation is updated.						
03/12/2017		Mid-Cumberland Region	Confirmed	REJECTED	NND Individual Case Notification	CDC
Comments: Missing lab information.						
03/12/2017		Mid-Cumberland Region	Confirmed	PEND_APPR	NND Individual Case Notification	CDC
Comments: Investigation is complete and closed.						


- Click on Return to Rejected Notifications Queue to review additional investigations. The investigation you just reviewed will be removed from this queue and moved to the Approval Queue for the Central Office.


Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout


View Investigation User: Test User-2 


Patient ID: 2786200 | Investigation ID: CAS11102002TN01 [Return to Rejected Notifications Queue](#)


 Manage Associations


 Create Notifications


 Transfer Ownership


 Edit



 Print



Created: 03/12/2017 by: Test User-2 Updated: 03/12/2017 by: Test User-2

Name: Minnie Mouse DOB: Current Sex:

Patient
Campylobacteriosis
Contact Tracing



Home | Data Entry | Open Investigations | Reports | System Management Help | Logout

Rejected Notifications Queue User : Test User-2 

 Print |
  Export

| Remove All Filters/Sorts

Submit Date	Submitted By	Recipient	Type	Patient	Condition	Status	Rejected By	Comments
Nothing found to display.								

 Print |
  Export

Appendix E:
PH-1600 Reporting in REDCap Procedure

The person reporting the PH-1600 form via REDCap can first indicate if they are a provider or a laboratory. Additionally, they can indicate which condition they are reporting (acute HBV, chronic HBV, acute HCV, or chronic HCV) as well as if symptoms were present. Of note, the hepatitis symptoms box is not a required field and can be left blank.

Record ID/Confirmation #	10001
TDH Reporting Timeframe	Standard Notification
Jurisdiction	NDR
Program Area	Foodborne

Reporting Information

Are you a laboratory?	No (Non-Laboratorian)
Disease/Event	Campylobacteriosis (Campylobacter species)
Date of Report	01-21-2017
Reporter Name	Corinne Davis
Reporter's Facility Name	Tennessee Department of Health
Reporter Phone	(615) 532-8508
Lab Report	Attached

Provider Information

Provider Name	John Doe
Primary Facility/Practice Name	Vanderbilt University Medical Center
Provider Phone	(615) 888-8888
Provider Fax	(615) 999-9999
Provider County	Davidson

Patient Demographics

Patient Full Name	Jamie Doe
Patient Date of Birth	09-18-1988
Calculated Age At Date of Report (Years)	28
Patient Sex	<input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Unknown

Clinical Information

Illness Onset Date	<input type="text"/> MM/DD/YYYY
Hospitalized?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
Pregnant?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
Died?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
<i>Hepatitis symptoms include: fever, malaise, vomiting, fatigue, anorexia, diarrhea, abdominal pain, jaundice, headache, nausea.</i>	
Hepatitis Symptoms?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown

The Surveillance Systems and Informatics Program prints any PH-1600 they receive for any of our conditions and give them to Central Office staff for data entry (HCV) or send it directly to the region (HBV), as with any paper laboratory report received.

For those received at Central Office, the protocol will be as follows for any HCV PH-1600 received via REDCap:

- If symptoms are checked 'yes', we will look the patient up in NBS to determine if they have already had an acute investigation.
 - If there is an existing NBS record indicating an already regionally addressed acute field investigation, we will enter the laboratory reports and update the case status or create the chronic HCV investigation, if necessary.
 - If there is not an existing NBS record, we will email the region the REDCap Number for the region to field investigate.
- If symptoms are checked 'no', 'unknown', or left blank, we will review the attached REDCap records (if applicable) and if suggestive of acute, we will email the REDCap Number to the region to field investigate.
 - If not suggestive of acute, we will treat as chronic HCV and enter the laboratory reports and create the investigation centrally.